

2013

Thomas B. Jankowski, PhD &
Carrie A. Leach, MPA
Institute of Gerontology
Wayne State University

Calhoun County Older Adult Needs Assessment



Table of Contents

Summary	3
Introduction	8
Stakeholder Survey Analysis	11
Quantitative Survey Results	11
Qualitative Survey Results	19
Access, Outreach, and Public Education	21
Collaboration and Coordination	23
Information and Assistance	24
Funding Issues	24
Needs, Income, and Services.....	25
In-home and Preventative Services.....	26
Faith-based and Volunteer Organizations	28
Geography and Rural Residents	29
Transportation, Basic Needs, Legal Issues, Caregivers, Engagement, Etc.	30
Focus Group Analysis.....	34
Burnham Brook No.1	34
Albion.....	38
Homer	42
Burnham Brook No. 2	45
Newton Township	48
Marshall	51
Qualitative Summary	54
Quantitative Summary	56
Population Survey Analysis	67
Data Collection	67
Population Survey Data Compared to U.S. Census Bureau Sources	68
Residence, Housing, Living Arrangements	73
Employment and Income	76
Transportation, Mobility, Sensory Limitations.....	77
Health Insurance and Health Management	79
Health Care Utilization	79
Self-Rated Health and Activity	80

Social Support and Engagement.....	81
Service Awareness, Use, and Need	82
Conclusion	86
Appendices	91
Appendix A. Stakeholder Survey.....	91
Appendix B. Focus Group Discussion Guide	99
Appendix C. Focus Group Facilitation Training Moderator Do's and Don'ts	105
Appendix D. Focus Group Informed Consent Form	106
Appendix E. Focus Group Demographic Questionnaire.....	107
Appendix F. Population Survey Postcard	108
Appendix G. Population Survey Cover Letter.....	109
Appendix H. Population Survey	110
Appendix I. Population Survey Tables.....	116
Appendix J. Calhoun County Proportion of Population Age 60 and Older Map	166
Appendix K. Calhoun County Density of Population Age 60 and Older Map	167
Appendix L. Calhoun County Population Age 60 and Older Map.....	168

Summary

Stakeholder Survey Analysis

As part of our strategy to learn with and from community partners about the local conditions and circumstances of older adult residents in Calhoun County, we worked with Calhoun County Office of Senior Services (OSS) and Region 3B Area Agency on Aging (AAA) to facilitate and encourage input from key stakeholders in the aging network. We sought to identify needs and the resources that may be mobilized to meet them, and to illuminate the gaps in the current structure of supports and services available to the older population by conducting an online survey.

Invitations to participate in the Calhoun County Senior Service Stakeholder Survey were disseminated to approximately 200 individuals from a variety of organizations and agencies throughout the county. The survey was taken by 150 respondents for an outstanding response rate of 75%.

Quantitative Analysis

To better understand the older adults needs that are unmet by the participating organizations, we asked participants to tell us what requests for services they receive from older adults but do not offer. The most common responses were requests for chore services (n=24) and hearing assistance (n=19).

We then asked respondents to rank unmet service needs of those 60 and older in Calhoun County. Respondents ranked transportation first and chore services second.

Lastly, respondents were asked to identify the greatest challenges or barriers to serving older adults in Calhoun County. Unsurprisingly, respondents overwhelmingly responded that insufficient funding was the number one barrier to providing services, but also that lack of public awareness and transportation were also significant barriers.

Qualitative Analysis

The final two questions on the stakeholder survey were qualitative, open-ended questions, meant to elicit feedback unconstrained by fixed response categories. The two questions asked for advice for planning for the future and for other suggestions for OSS and AAA in serving older adults. The three most frequently mentioned areas of advice centered around: 1) increasing access, outreach and public education to older adults in Calhoun County; 2) more effective collaboration and coordination of services between agencies; and 3) enhanced information and assistance services to help older adults identify benefits for which they may qualify, and to help them navigate the complex system of aging programs and services.

Focus Group Analysis

In keeping with our community-based participatory research approach, we organized client focus groups to help provide context and allow for a deeper and richer understanding of the preferences of older adults in Calhoun County.

Six focus groups were held in various areas of the county, involving the participation of 5 to 15 community members each. In all groups, participants were asked to vote on the relative importance of the various ideas offered during group discussion. Audio recordings produced 144 pages of typewritten transcripts that provided qualitative background data and context for the quantitative voting exercise analysis.

The focus group discussions and votes yielded observations that were common to all groups, as well as idiosyncratic to particular focus groups based on the membership and location of those groups.

General concerns

The sense that older adults do not have enough information about the services that may be available to them was pervasive in most of the groups. There was a desire for clear and easily accessible information, not only about what services and programs were available, but also about the eligibility requirements. Our focus group participants expressed concern with maintaining their independence and well being and aging in

place in their homes and communities, and they are interested in what resources may be available to them now and in the future to help them address those concerns.

Other recurring themes were the need for transportation, for opportunities to gather in groups of other older adults with shared interests, and for other recreational and social outlets.

Particular concerns

There were also differences between the groups that were often expressed in geographical terms, either as urban/rural differences, social center/periphery differences, or issues arising from geographical distance to services. Rural participants' needs largely focused on addressing their isolation and lack of interaction and public information about services. People in both places expressed a degree of loneliness and unfulfilled need for social interaction that were not commonly expressed in the more urban groups.

The findings in the rural areas stand in contrast to findings from focus groups held in urban areas with more readily accessible services and information. When speaking about challenges to maintaining their independence, health, and well being, participants in the more densely populated areas focused on staying healthy, needing assistance with some self-care, home maintenance, and independent living activities, as well as with transportation.

Population Survey Analysis

The population survey was by far the most broad and extensive data collection effort we undertook for this community needs assessment. Its value lies in its ability to answer basic questions about the characteristics of the entire older adult population in Calhoun County with a high degree of confidence in its representativeness. Its results have a known reliability and generalizability that the results of the stakeholders survey and focus groups do not share. A grand total of 2,160 surveys were returned of the 6,000 mailed, either electronically or on paper, for a very good response rate of 36%.

Survey Sample Validation

The first stage of our analysis involved comparing our survey results on basic demographic measures with population data published by the U.S. Bureau of the Census. We found that our survey sample is closely representative of the older adult population demographics, with most observed differences falling within the statistical margin of error. To the extent that our sample may deviate from true population parameters, it may slightly underrepresent men, those in the highest income category, and those who live in the suburban areas surrounding Battle Creek, all groups that report lower levels of need and appear to be less vulnerable to financial, social, and functional threats to independence. Whatever differences exist between the survey sample and the population at large are fairly minor in magnitude, however, and pose no challenge to the validity of our results.

Survey Results

Respondents have a moderate level of awareness about aging services available in Calhoun County, but it is not clear how accurate or specific that awareness is. About 40% report having used one or more of the aging services offered in the County, but again, the source of the services used is not specified. The top program used is Medicare/Medicaid assistance, followed by prescription drug assistance, food assistance, and exercise and wellness programs.

In terms of service needs reported, we found that nearly one in three older adults who reported a need reported needing dental services, home repair services, or vision services. Need for services was strongly correlated with socioeconomic status and health. The lower one's income, or the more difficulty with housing affordability, the greater the need reported. Likewise, those in worse health reported greater needs than those in better health.

Conclusion

Calhoun County's older adult population is a diverse one: Rich, poor, and middle class, urban, rural, healthy, sick, and experiencing varying levels of support, engagement,

need, and independence. There is no one size that fits all. Most of those who need help get it, either informally from family and friends, or formally through private sources or public sources such as OSS, AAA, and their network of providers. However, there are still significant pockets of unserved and underserved people, and there is a general hunger for more—and more detailed—information about available programs and services. There is also a recognition by those within the system of the need for more and better data sharing and collaboration between those whose mission is to ensure the health and well being of Calhoun’s seniors.

Health and well being are closely intertwined in this population—physical health, activity levels, personal mobility, community engagement, social support, financial resources, housing affordability, and many other factors behind health and well being broadly defined are intimately related, and a threat to one is often a threat to all. The challenge for the aging network in Calhoun is to target services to the people who most need them and who would most benefit from them, to effectively and efficiently support the whole person, to provide for needs that would be neglected if left to others, to ameliorate the risk of deterioration, preserve independence, protect safety, and to do it all in an effective and efficient manner. This is a tall order, but it can be pursued with careful thought and deliberate planning, informed by rich data such as those contained in this report. We look forward to the next phase of this project, the strategic planning phase, and hope that this report serves well to inform those discussions.

Introduction

The population of Michigan is aging rapidly, and Calhoun County is no exception. The most recent available state projections peg the growth of the older population at about 60% from 2010 to 2030, all during a time when overall population growth will remain relatively flat. This means that Calhoun County, with a population that is currently nearly 21% age 60 and older, can expect to see that age group grow to include about one of every three county residents. This means that we can expect the population eligible for services through Calhoun County Office of Senior Services (OSS) and Area Agency on Aging Region 3B (AAA) to grow from about 28,000 today to at least 45,000 in the next 20 years. Accommodating that growth with existing resources will require very careful planning and targeting of services based on solid data and seasoned judgment.

The Wayne State University Institute of Gerontology (IOG) research staff has made an effort to approach this community needs assessment with no pre-conceived ideas about the unique needs of older adults in the Calhoun County community. Rather, we sought to learn with and from our community partners about the local conditions and circumstances of that population. For this reason, we proposed structuring this CNA as a community-based participatory research (CBPR) process, with IOG researchers partnering with OSS, the Senior Millage Allocation Committee (SMAC), and AAA to facilitate and encourage input from key stakeholders in the aging network and the community at large, opinion leaders, older adults, family caregivers and other community members. CBPR methods recognize the importance of the community as a unit of identity and are best suited to build on the strengths and resources within it. They help to facilitate collaboration between researchers and the community, to integrate knowledge and action, and to foster a co-learning process that benefits all involved. They also involve an iterative process of coming to knowledge that gathers and disseminates information in a cyclical fashion involving all partners.¹ By pursuing an inclusive community-based strategy to accomplish the goals of the needs assessment,

¹ Israel, B., Schulz, A., Parker, E., and Becker, A. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Education for Health*, 14(2), 182-197.

IOG and its community partners strove to ensure the quality of the data collected and enhance the clarity with which it illuminates the needs of the older adult population in Calhoun County. CBPR also helps to bring the broad wisdom of the community to bear and cultivates public engagement on issues surrounding the needs of an aging population, enhancing the public support for and legitimacy of the allocation decisions SMAC and AAA make.

This is the ideal time and these are the ideal circumstances in which to undertake this study. Calhoun County is on the cusp of a steep growth in its older population, but it has the enviable advantage of a dedicated senior millage, which provides a strong foundation upon which to build the programs and services that can help to sustain an aging population over the coming years. With a clear picture of the needs of its older residents and a careful consideration of the service options available, Calhoun County has available resources to make a significant difference in the lives of individuals and in the quality of life of its residents. This great strength is also a solemn responsibility of stewardship, the duty to plan, coordinate, and target services in the most cost-effective way that will most benefit older citizens and the community at large.

In order to fully inform this community needs assessment, we undertook three major data collection efforts with critically important guidance and assistance from our community partners in Calhoun County. This report contains the results of those efforts. The first component comes from a survey of key stakeholders in the local aging network. The people who responded to this survey are intimately familiar with the organization and delivery of aging services in the county, and engage daily in the task of providing needed support to the county's older adult residents. Their perspective is invaluable to providing the insight and wisdom that comes from being a part of the system we are studying. The second component originates with the clients of older adult services in Calhoun County, gathered together by our community partners and led by local volunteers in six focus groups to discuss their challenges, needs, and opinions about aging services that are—or should be—available locally. The third component consists of the results of a large-scale population survey conducted with ample

assistance from our local partners to gauge the circumstances and needs of the older adult Calhoun community.

All three data gathering efforts involved an enormous amount of work and dedication by all involved, and we are especially grateful to Carl Gibson, Karla Fales, Rodna Stealy, Luann Sommers, Jamie Gibson, members of the SMAC, and the staff at Calhoun County and AAA for their support, advice, and assistance throughout the data gathering process.

Stakeholder Survey Analysis

The views of a broad array of community stakeholders were gathered by the IOG to gain perspective on the needs of older adult residents of Calhoun County and their caregivers from the standpoint of those who serve and advocate for them, to identify the resources that may be mobilized to meet those needs, and to illuminate the gaps in the current structure of supports and services available to the older population. IOG worked with OSS and AAA to identify and approach stakeholders in the local aging network to seek their input to inform the community needs assessment by providing background, context, and commentary. Executives, planners, managers, case workers, and others involved in aging service provisions were invited to participate in a survey conducted electronically via Survey Monkey.

Invitations to participate in the Calhoun County Senior Service Stakeholder Survey were disseminated via email to approximately 200 individuals identified by OSS and AAA from a variety of organizations and agencies throughout the county. The survey was taken by 150 respondents for an outstanding response rate of 75%.

Quantitative Survey Results

As Figure 1 shows, two-thirds (67%, $n=100$) of respondents were from non-profit agencies, 13% ($n=19$) work in a for-profit organization, 13% ($n=19$) reported being in the public sector, and 8% ($n=12$) reported an “Other” type of organization.

The “Other” category yielded a variety of responses including government officials, a probate court employee, academics, a concerned business professional, and those not affiliated with any particular organization.

The next question asked respondents to identify the type of services their organizations provided. As shown in Figure 2, almost half of respondents were from organizations that provide social services (25%, $n=37$) or health care (23%, $n=34$). Many represented organizations providing more than one type of service and therefore chose the “Other” category (26%, $n=39$). When those who chose “Other” elaborated, their responses included a wide variety of responses.

Figure 1. Is Your Organization:

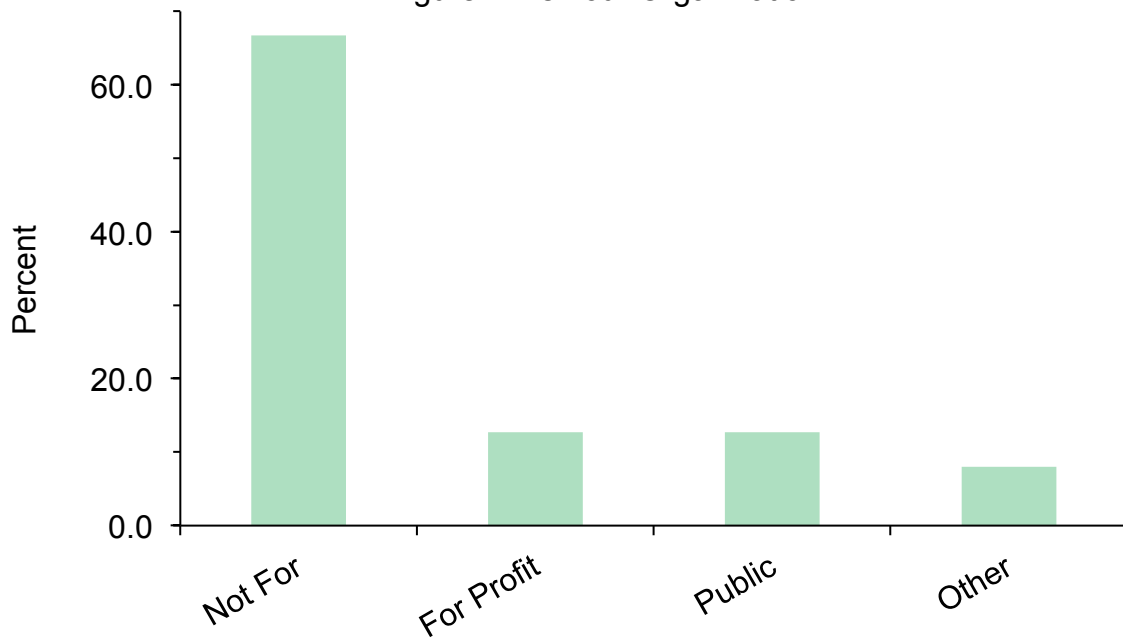
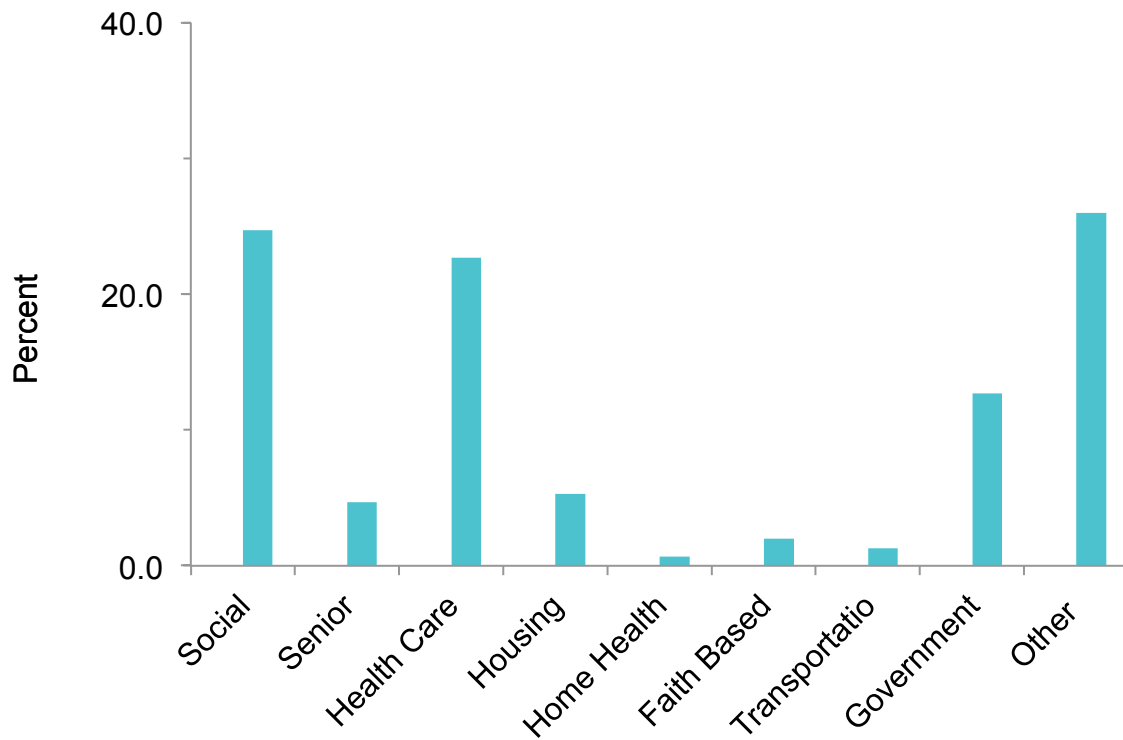


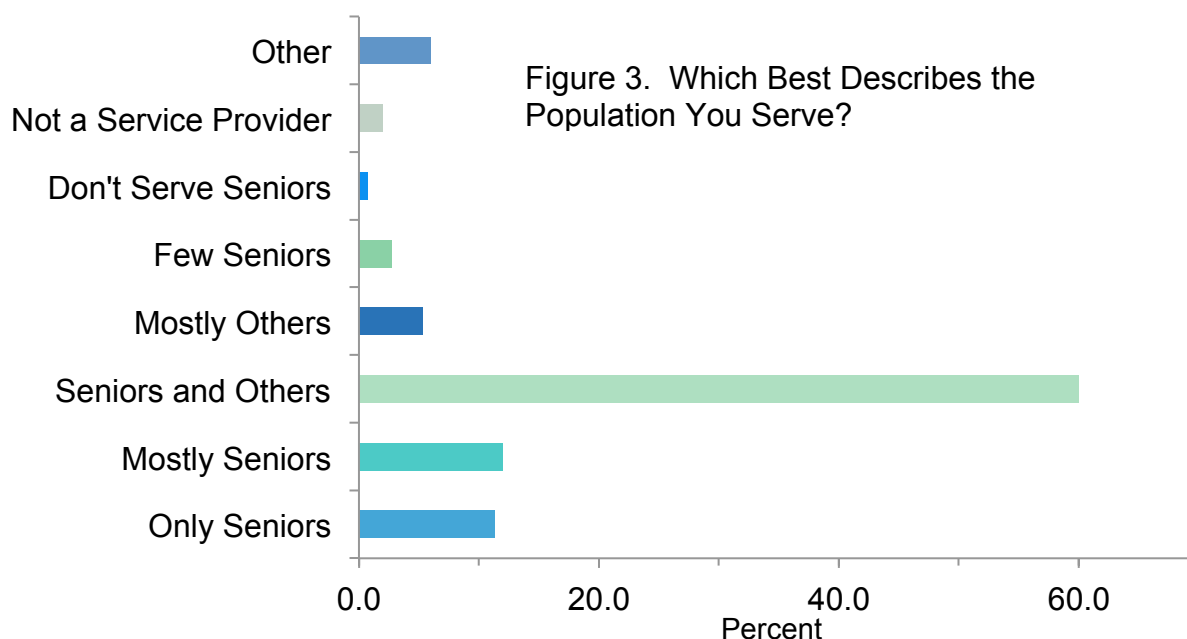
Figure 2. What Category Best Describes Your Organization?



The top single “Other” response was some form of educational services (4%, $n=6$). In addition to education, “Other” responses also included:

- Legal services or law enforcement
- Skilled nursing/assisted living
- Housing
- Adult day care
- Program of All-Inclusive Care for the Elderly
- Combination of transportation, housing, home delivered & congregate meals, foster grandparent programs
- Broadcast media
- Financial and advocacy needs of individuals
- Combination of social service, senior services, senior transportation, housing, utility assistance

When asked about the population their organization serves, as we had expected based on the sample invited to take the survey, the vast majority serve older adults. As Figure 3 illustrates, only a little over 23% ($n=25$) report serving all or mostly seniors, but another 70% ($n=106$) of respondents reported that their organization serves seniors as at least part of the population they serve, including four of the responses in the “Other” category (6%, $n=9$).



Those elaborations of the “Other” response that included older adults were the following:

- We serve all of the public
- People 55 and older
- My population is multi-generational, but needs to make sure Seniors have access to assistance
- Individuals over the age of 18

It is interesting to note, however, that while most organizations provide services to older adults, most also serve members of other age groups. By far the most frequent response as shown in Figure 3 was “We serve seniors along with people of other ages,” which 60% of respondents selected. Clearly the majority of services provided to Calhoun County’s older adults are provided by agencies that serve a broader population. They are also provided primarily by not for profit organizations, and those organizations tend to provide more than one type of service.

Now that we have been able to describe and characterize the type of organizations our respondents represent, we would like to drill down to understand the variety of services each organization provides, as well as the services that Calhoun County older adults request but the organization does not provide, and just as importantly, which services they provide for which they currently have wait lists. Results are shown in Table 1. The most common services provided were educational and informational (Information and assistance, $n=64$, Educational activities, $n=46$, Elder abuse/neglect information, $n=46$, etc.). Services most commonly provided by our participating organizations that were non-informational include transportation ($n=51$), volunteer placement and opportunities ($n=40$), care management ($n=39$), and medication management ($n=36$).

To better understand what older adults needs are unmet by the participating organizations, we asked them to tell us what requests for services they receive from older adults but do not offer. The most common responses were requests for chore services ($n=24$), hearing assistance ($n=19$), dental services ($n=18$), legal services ($n=18$), money management assistance ($n=18$), and vision services ($n=18$). A small

number of respondents reported having wait lists for nearly every service with care management ($n=4$) being the number one wait-listed service.

Table 1. Calhoun County Older Adults Service Provision, Requests, and Wait Lists

Answer Options	Our organization provides this service	Our organization has requests for this service but we are unable to provide	Our organization has a wait list for this service
Adult day services	14	14	3
Benefits counseling	33	9	1
Caregiver support	27	11	1
Care management	39	6	4
Chore services	14	24	3
Congregate meals	34	10	1
Dental services	16	18	1
Disability services	19	12	1
Durable medical equipment	19	16	1
Educational activities	46	6	1
Elder abuse/neglect information	46	6	1
Employment services	6	14	1
Exercise and wellness programs	27	12	1
Food assistance	35	12	1
Fraud prevention	18	12	1
Guardianship/conservatorship	15	17	0
Health assistance	34	8	1
Hearing assistance	17	19	2
Health care options/info/assistance	44	9	1
Heating/utility payment assistance	30	13	2
Home health care	20	15	3
Home modifications	15	15	2
Home repair services	28	15	3
Homemaker services	9	17	3
Hospice/palliative care	22	14	1
Housing options/assistance	34	8	2
Information and assistance	64	3	2
Job training/re-training/re-ent workforce	3	12	0
Legal services	10	18	1
Long term care	18	15	2
Medicare/Medicaid assistance	37	11	1
Medication management	36	8	2
Mental health services	16	15	1
Minor home repair	25	15	3

Answer Options	Our organization provides this service	Our organization has requests for this service but we are unable to provide	Our organization has a wait list for this service
Money management assistance	15	18	1
PERS (Lifeline)	24	16	2
Plan B (insurance for the uninsured)	12	12	1
Prescription drug assistance	24	16	1
Respite services	26	12	3
Senior center activities and services	25	14	1
Substance abuse services	5	13	0
Tax preparation assistance	27	13	1
Transportation	51	15	1
Vision services	18	18	3
Volunteer placement/opportunities	40	9	1

The next question asked respondents to rank the five greatest unmet service needs of those 60 and older in Calhoun County. A rating average was given to each of the answer options—a lower average means that the service is ranked more highly. However, a close examination of the average ranking doesn't reveal much about the relative importance that respondents place on these unmet needs. Only one of the rating averages falls above 3, and that is job training. All of the rest are in the range of 1.85 (care management) to 2.90 (long term care). What this means is that there was substantial divergence in responses on this measure, and that the lowest ranked item averaged just lower than “third greatest need” among those who ranked it, and the rest ranked even higher. For those who ranked them, there was little agreement upon whether an item was ranked first or fifth or anywhere between, and therefore it appears that there is no clear agreement on the relative importance of those needs. However, there is a better and more illuminating way to look at these rankings, and that is to merely count the number of respondents who ranked each service need in the top five at all. The last column in Table 2 shows the raw number of respondents who ranked each service, and the items in the table are sorted by that count. The mean and median number of respondents ranking each service is 20, with a standard deviation of 8, so we consider any item ranked by more than 28 respondents to be among the most important unmet service needs. The service ranked by the most respondents is transportation,

with 46 or nearly a third of all respondents counting that as one of the top 5 unmet needs for Calhoun County older adults. Chore services was second, ranked by 39, followed by caregiver support (34), food assistance (34), prescription drug assistance (30), and home health care (29).

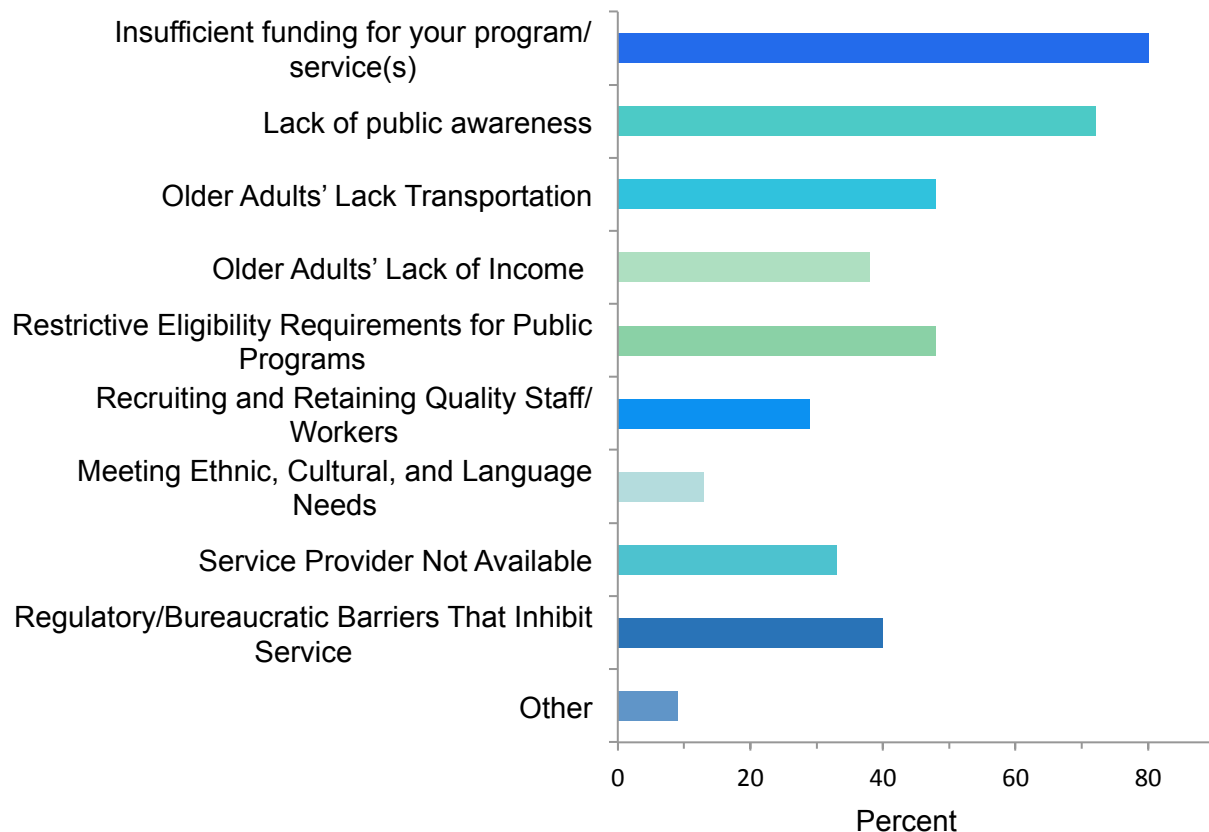
Table 2. Prioritization of Five Greatest Unmet Needs of Calhoun County Older Adults

Answer Options	Rating Average	Number Rated
Transportation	2.39	46
Chore services	2.64	39
Caregiver support	2.59	34
Food assistance	2.41	34
Prescription drug assistance	2.27	30
Home health care	2.55	29
Health care options/info/assistance	2.41	27
Home repair services	2.50	26
Housing options/assistance	2.31	26
Heating/utility payment assistance	2.78	23
Medication management	2.87	23
Benefits counseling	2.32	22
Fraud prevention	2.59	22
Information and assistance	2.36	22
Minor home repair	2.86	22
Exercise and wellness programs	2.67	21
Respite services	2.81	21
Adult day services	2.15	20
Care management	1.85	20
Long term care	2.90	20
Medicare/Medicaid assistance	1.90	20
Money management assistance	2.40	20
Senior center activities and services	2.60	20
Health assistance	2.32	19
Mental health services	2.47	19
Congregate meals	2.41	17
Dental services	2.35	17
Home modifications	2.65	17
Homemaker services	2.29	17
Educational activities	2.63	16
Elder abuse/neglect information	2.47	15
Hearing assistance	2.40	15
Legal services	2.33	15
Employment services	2.14	14

Answer Options	Rating Average	Number Rated
PERS (Lifeline)	2.29	14
Disability services	2.38	13
Guardianship/conservatorship	2.54	13
Volunteer placement/opportunities	2.77	13
Plan B (insurance for the uninsured)	2.42	12
Durable medical equipment	2.64	11
Job training/workforce re-entry	3.27	11
Vision services	2.36	11
Hospice/palliative care	2.33	9
Substance abuse services	2.11	9
Tax preparation assistance	2.38	8

The next question on the stakeholder survey asked respondents to identify the top five greatest challenges or barriers that their organization faces in serving older adults in Calhoun County. The results of this question are summarized in Figure 4 below.

Figure 4. Top Organizational Challenges to Older Adult Services



Unsurprisingly, respondents overwhelmingly responded that insufficient funding was the number one barrier to providing services, with an average rating of 1.73 and a count of 80. The second greatest barrier was lack of public awareness, rated an average of 2.58 by 72 respondents, followed by older adults' lack of transportation (3.15, 48) and restrictive eligibility requirements for public programs (2.81, 48).

As part of our quantitative analysis, we ran several cross-tabulations in an attempt to discern patterns of responses due to differences in the type of organizations represented or the population served by the various organizations. In particular, we were interested in whether responses to the unmet needs or organizational challenge questions may vary systematically by organization type or service population. However, we found few differences or patterns of note. One example of a minor difference arose from our comparison of the responses of those who work in organizations mostly or exclusively serving older adults with those who tend to serve a wider range of ages. The top ranked unmet needs were essentially the same, but those whose programs focus on seniors ranked chore services and caregiver support (n=9) slightly more highly than transportation (n=7). One the whole, any such differences were statistically insignificant and therefore unremarkable.

Qualitative Survey Results

The final two questions on the stakeholder survey were qualitative, open-ended questions, meant to elicit feedback unconstrained by fixed response categories. This approach required much more time and effort in the analysis stage, but was very fruitful and yielded a range and depth of observations that could not have been captured by conventional standardized survey measures. The first open-ended question read,

“As the Baby Boom generation ages, Calhoun County's older adult population is expected to grow significantly over the coming decades. At the same time, funding for senior services is not expected to grow at all. With this in mind, what advice would you offer regarding the provision and prioritization of services by the Office of Senior Services and the Area Agency on Aging as we plan for the future?”

The second question merely offered respondents a final opportunity to offer other comments or suggestions. We have combined responses to both questions, as

well as relevant comments in “other” responses for this analysis section. In total about 110 substantive comments were collected in the stakeholders survey.

Before delving into some of the substantive qualitative feedback, it should be noted that many comments reflected very positively on the Calhoun County Offices of Senior Services and the Region 3B Area Agency on Aging. There were several strong expressions of gratitude and support for the agencies, their staff, and the degree to which the coordinate services and collaborate for the benefit of County seniors. Some quotes, for example:

- “Because of the excellent senior services provided to Calhoun County residents through Senior Millage funding and Area Agency on Aging, individuals are provided skills and resources to maintain healthier lifestyles in support of dependent living.”
- “I think OSS and AAA work very well together in the distribution of funds.”
- “I think that the staff at Senior Services does a great job.”
- “Continue the great job with your efforts. They are necessary and appreciated.”
- “Carl and Rodna at the County are the best assets and advertisements for Senior Millage funds!”
- “AAA 3B staff are great at reaching out to other organizations and sharing much needed information. I can always count on Luann to return my calls or emails. Thank you and keep up the great work.”
- “The services available to senior residents in Calhoun County has formed a very supportive network; highly respected by all those served, their families and the providers of the services.”
- “We have excellant services we need to keep all of them in play.”
- “Keep working together Senior Millage and AAA . . .”
- “AAA and Millage collaborations like this set the stage for more effective use of resources.”
- “Calhoun County is very fortunate to have so many services to offer to our seniors. The collaboration between agencies is also good in my opinion.”
- “Office of Senior Services and the Area Agency on Aging provide important services to the public - keep up the great work!”
- “Our Senior Service programs are doing an exceptional job of caring for a low funded, high demand senior service system.”
- “I can say from personal experience with many of my residents that the most helpful information we have received regarding Medicare benefits

counseling has come directly from Rodna Stealy at the Office of Senior Services.”

- “Listen to Karla Fales, she knows what we need in Calh. County!”

There were also a few critical comments. One respondent did not like the survey instrument, calling it “Hard to complete” with “too many assumptions built in to the questions.” Two respondents felt that certain older adults were not being reached, and in particular, that this needs assessment was not going to capture the needs of isolated seniors appropriately. Here is the comment in its entirety:

- “How you intend to assess the needs of those seniors who are virtually isolated is a mystery. The number HAS to be great, but best guess is that they will remain uncounted, unassessed, unknown and to a degree unfathomable and, therefore, unattended. Unconscionable.”

It should be noted that in our population survey portion of this needs assessment, we made every attempt within our power to solicit the opinions and gauge the needs of a broadly representative sample of older Calhoun County residents; our conscious goal was to be as inclusive as possible. Clearly, despite these negative comments, the majority of senior service stakeholders in Calhoun County believe that the primary organizations involved are doing a good job in coordinating and providing services to older adults in the county in the face of some significant challenges.

When asked to offer their advice, many respondents made very thoughtful suggestions for areas in which improvements may be realized. Qualitative data, mostly from the “advice” question, were categorized and coded so that they could be aggregated in a systematic way. Several prominent and interrelated themes emerged as we undertook this exercise, which we have attempted to tease apart and summarize along with relevant quotes below.

Access, Outreach, and Public Education

About 20% of substantive comments were coded as related to issues associated with access, outreach, and public education efforts. Many respondents identified the need to inform Calhoun County older adults of existing services, particularly through outreach to

those who are isolated and difficult to contact, as well as to provide public education about retirement planning, money management, and health maintenance.

- “More education of service organizations so that the members can refer to the agencies that already exist such as Lions club, Rotary club etc. Access is also a problem and the income status should be reviewed.”
- “Also better inform the citizens of the programs we provide and how to help them participate.”
- “As always we need to be proactive instead of reactive and the services available for the older adults needs to be made available for their knowledge.”
- “...focus first on younger older adults. If one launches one's initial phase of being an older adult well, the subsequent phases will likely be navigated more effectively...”
- “Turn to faith base groups and give them "seed" money to reach out into the area and use their volunteers to support the needed services. Use the free advertising to reach Sr.'s who might need help but are unaware of what is out there.”
- “Focus first and foremost upon older adult safety, care and access issues.”
- “We need to provide more education to seniors about available health care, saving for retirement, and other financial information.”
- “Planning and awareness seminars to educate this population.”
- “...we need to increase public awareness about sr needs and services.”
- “It seems in many cases there are services available, but older adults are often confused about how to access them.”
- “I'm sure most of us will tell you we need less red tape accessing services...”
- “...we need to make it easier for them to access our services...”
- “I believe that our services are fully accessible to older adults...”
- “Increased information through churches, businesses, and neighborhood gatherings about the needs of seniors and the services available.”
- “I believe the biggest thing to do now is to plan for the future. We need to provide more education to seniors about available health care, saving for retirement, and other financial information.”
- “...educating seniors on services available and possibly providing educational services at the site of the seniors, meaning that if it would be possible to come to our location to provide these services.”

These comments also support the finding in the “challenges and barriers” item above, in which public awareness was rated as the second-greatest organizational barrier to service delivery.

Collaboration and Coordination

About 19% of comments reflect the theme of inter-agency collaboration and coordination of services. As reflected in the complimentary comments above, collaboration is frequently cited as a strength for Calhoun County's aging network. Others, however, feel that there may be considerable room for improvement. For example:

- "New and creative ways of working will be necessary....Collaborations (like SHP) and being open to finding solutions to meet needs in unique situations (like Homer and Tekonsha) are good examples of how funders and providers can work as partners to response to communities interests."
- "Partner, partner, partner with others outside of the senior community. Communicate, share with those on a local, state and federal level."
- "With the population growing the service needs will become greater, funds will have to go further, and administrators will need to refer more - yet the question is to whom will they refer clients?"
- "Coordination of services is critical to prevent duplication of care and best use of resources. This continues to be a challenge for service providers in the Calhoun County area."
- "Make sure both of them [OSS and AAA-3B] are providing services to meet needs but not duplication of services/funding."
- "Provide information and leadership to nonprofit providers to reduce duplication, identify unserved needs and potential sources of philanthropy...."
- "Work with community partners to provide additional services."
- "Easy access to places where families can access information together, in a conference, with those who have a broad, coordinated knowledge of and ability/access to services."
- "Getting members of the community to work together to produce creative solutions to address the needs of seniors and their caregivers."
- "We desperately need the community to come together and design a 'clarification of the process' and each organizations role pertaining to moving a loved one from independent living to assisted living or skilled nursing. Clearly defining at what stage is it safe to go home and how long will the elder be truly safe in their home and what types of organizations can provide support in the home to both the elder and their caregivers. When is a good time to consider assisted living or a respite stay and what is the process. Then to clarify what can be expected within the assisted living community. Can the resident truly stay through end of life or will they be asked to leave for skilled nursing. "

Information and Assistance

The next major theme that emerged from our qualitative analysis is that of information and assistance, which was mentioned in about 18% of comments. Several respondents suggested providing systems navigators for older adults to furnish information and guide them through the process of obtaining services that may be available to them.

Respondents also emphasized the need to having agency and organizational staff that serve older adults be well informed about services that are available in their communities, and a few suggested collecting information from seniors themselves to learn about their needs directly, as our population survey aims to do. Examples of qualitative information-and-assistance-related responses included:

- “Navigation services - helping people to understand what programs are available to them...Medicare education and supplemental insurance is very confusing.”
- “...[P]rovide information to seniors and providers of senior services and housing as to available and potential resources.”
- “Have highly trained staff and have knowledge of services and how to work with them.”
- “... [Use] navigators to help them learn of resources...”
- “Actually survey seniors for their thoughts on services that they find to be most beneficial at meeting their needs. Focus on those services.”
- “I believe the focus should be on helping the seniors to help themselves. To elaborate, by eliminating some dependancy on agencies and organizations, seniors would be able to utilize services such as money management classes, health and wellness programs, and mental health services.”

Funding Issues

Many of the pleas for greater coordination of services were related to funding and efficiency issues. Those funding-related issues, along with more general laments about under-funding of aging services, were found in about 14% of comments.

- “...[more] sponsorships and scholarships from for-profit aging entities.”
- “Try and secure additional funding sources. Either from local appropriations or from grant services.”
- “...we need to access more funding sources.”
- “Budgets for all services will need to be increased in order for older adults to be able to access what they need.”

- “Be sure that the funds that are available are used wisely. Therefore making the dollars go farther.”
- “Stop the fraud...this will be ‘found’ monies to meet real needs.”
- “We need to find more competitive vendor markets and maybe cut back in some of the high dollar areas of service.”
- “The need is great and funds are limited. Leverage and partner with other programs to make the funds go further in assisting. This can not always occur yet has had more positive effect on funding, when it has been an option.”

Needs, Income, and Services

Two recurring themes we identified were labeled needs-based services and income-based or means-tested services, mentioned in about 15% and 12% of open-ended responses, respectively. Respondents suggested serving Calhoun County older adults based on prioritizing their individual needs, but their preference for priority criteria varied considerably. Comments included:

- “Offer services based on need. Include low income, minority, age, lives alone, and disabled. Score each applicant and provide service based on need.”
- “Use of a point system to determine who is the most in need of receiving services, do not use the first come first serve system.”
- “Focus on greatest need, not just income. Focus on prevention activities that are lower cost rather than waiting until things are so bad and so expensive (and they are wait listed).”
- “Prioritize the services and funding so that we do the most good with funds available and assist those who are least able to pay for the service and who would suffer the most if they don't receive these free services.”
- “About the only thing I can think of is you may be able to help the people that are in the worst shape and hope for the best for the others.”
- “...services should be income based.”
- “...property owners should not be excluded.....they require less assistance. sustain them and the roles for total assistance go down.”
- “I think there should be the option for those who can afford to purchase services such as care management, transportation, etc. to be able to buy those services.”
- “Propose more cost-sharing so folks at higher income levels can receive some benefit but not have to be low income all the time for eligibility.”
- “...more cost-sharing on all services (not just optional ‘suggested donation’ approach to some services)...”
- “Prioritization of senior services should be based on financial need and the ability to pay for services.”

- “People with extremely low incomes can access services but people that can't qualify for Medicaid but are still on fixed incomes fall through the cracks.”
- “Focus on services that are means-tested and that are focused on keeping low-income seniors from losing assets...”
- “Congregate meals should be income based, or eliminated completely.”
- “...strive to assist those who can not afford to purchase the assistance they need.”
- “Focus funding on essential service primarily related to health concerns unless funding is reduced to a level that is ineffective. Then focus on providing services to the largest amount of seniors as possible.”
- “Give to those in need and for those whom don't want to pay for expenses But have the money- Lord help them.”

On first glance there seems to be little consensus in these categories. Some respondents seem to indicate that priority should be placed on serving low-income seniors, but others suggest that higher income seniors with service needs should be served as well. Upon closer consideration, we suspect perhaps that much of this apparent disagreement is superficial. For example, fully-subsidized services may be focused on those in financial need, as several urged, while at the same time, as other respondents suggested, services could be provided to higher-income people through cost-sharing approaches. Of course, this approach may not be desirable for basic needs that can easily be met through the private sector, and it may be prohibited in federally-funded programs, but it may be more feasible through locally-funded supportive services. The point, perhaps, is that while need for supportive services may be concentrated among low-income seniors, and public resources should be directed at those in most financial need, others of greater means may benefit from enhanced access to the same types of services on a sliding-scale private pay basis.

In-home and Preventative Services

Closely related to these themes are the themes of preventative and in-home services, mentioned in about 12% and 13% of comments. Many of the comments that touched on needs- and income-based services mentioned prevention as a goal, and some of them explicitly characterized preventative services as an investment. For example:

- “Focus on prevention activities that are lower cost rather than waiting until things are so bad and so expensive (and they are wait listed).”
- “...without help, seniors (and those of other ages) fall through the cracks and have no place else to turn creating a larger strain on the community.”
- “As always we need to be proactive instead of reactive...then some key issues can be addressed and assistance given before the issue is critical or not fixable.”
- “Develop greater preventative health and wellness programs that will reduce unnecessary disability.”
- “Invest in prevention services...”
- “By taking advantage of [educational] programs, seniors may be less likely to need rent/food/utility assistance (due to a new-found skill set in money management). They may also see lower health care costs (due to a better understanding of how to live a healthy lifestyle, including diet and exercise). Finally, by utilizing mental health services, there may be a decreased need for additional medical services that result from mental health problems (i.e. depression, which takes a physical toll on a person's body).”
- “Invest in high-leverage prevention strategies that reduce downstream costs or consequences. Example: in-home services and/or supported living facilities vs nursing home expense and quality of life.”
- “There is a need for people to be able to access services to prevent crisis. Assistance for medication management and chore provider services would go a long way to keep people from heading down a steep slope.”

Many of the mentions of in-home services or services supporting aging in place echoed the theme of prevention, in addition to emphasizing the independence of older adults and their preference in wanting to stay in their homes. Reflecting the high ranking of chore services in the unmet needs quantitative measure discussed above, several mentioned the need for chore, maintenance, or minor home repair services in the context of home-based supportive services.

- “Seniors want to age in their homes, and services should be offered that allow them that option.”
- “The calls that we receive that are difficult to resolve are those that have no family or friends to contact for help with home maintenance issues (snow shoveling/salting, lawn care, and other simple tasks).”
- “...more funding for in-home care. Thank you.”
- “More in home services so that seniors can stay in their home.”
- “Maintaining independence services to allow Seniors quality of life in their own home with support services.”

- “Strong policy advocacy to transfer Medicare rehab dollars and Medicaid long term care facility dollars to programs like CentraCare/Medicaid Waiver/In home chore providers.”
- “Health and maintaining someone in their own home for as long as they are able.”
- “More options for affordable in-home care are needed.”
- “The Area Agency should reduce as much as possible its administrative overhead and re-direct the funds saved to in-home services.”
- “Determine what services allow the older adult population to live independently but yet be able to get help if needed, such as the Personal Emergency Response System and the Medication Management System. These systems provide the older adult population to still have a feeling of control but also provide them with the sense of security knowing that help is just a push of a button away!”
- “...home repair is very important for seniors as with this help they are able to make the repairs needed to stay in their homes.”

Faith-based and Volunteer Organizations

One way that was repeatedly suggested to provide some of these services, reach out to the isolated, and make use of existing community resources was to concentrate efforts on recruiting volunteers and building ties with faith based organizations such as church groups. Several comments raised the possibility of recruiting older adults themselves to serve as volunteers to help their peers in more need of assistance.

- “More partnerships needed with youth and faith-based volunteer groups. The faith-based community is vastly underutilized by senior agencies.”
- “If the public (younger generation) could be more informed as to helping to serve in this capacity or have teams from faith-based/youth organization/school communities to serve those in surrounding areas would relieve a great burden to some seniors.”
- “Older adults must be looked upon as wonderful resources for life experiences and knowledge, with skills to share as mentors.”
- “Turn to faith base groups and give them “seed” money to reach out into the area and use their volunteers to support the needed services.”
- “Utilize college students that are now required to complete X amount of volunteer hours, prior to graduation. These eager individuals can be used to develop programs, marketing, transportation, etc. All at no cost.”
- “1. Train a Senior in advocating and providing each service, then have THEM train other Seniors to do the same. 2. Have Seniors suggest New services they need, then (#1) Train a Senior to Train other Seniors to do the same. 3. Form

groups of Seniors willing to visit Seniors in their neighborhoods - to say hello, get acquainted, then notice who is homebound? what do they need? Who can provide that need? Who needs transportation? Who needs a way to get groceries? Who needs to get to doctor appointment? Who needs a regular visit once a week, to stave off loneliness? Who appears to need care? Who has become more fragile lately?"

- "Tap into those Baby Boomers, they have time, expertise, energy, etc. to help educate the others as to programs."

Geography and Rural Residents

A handful of the comments touched on the issue of geography, particular areas, or the distinction between the needs of urban and rural older adults in the county. There was some concern expressed over the resources and facilities available to seniors in Marshall:

- "I am particularly concerned about the Marshall area. We have a higher percentage of persons age 65 than most of the surrounding communities, but very little to offer older persons. Our two SNF are substandard (See Nursing Home Compare government rating). There is little to no programming in the area for independent elders. A senior center is desperately need for this community. I do not consider Marshall a community that is conducive to growing old."
- "I would love to see a Senior Center in Marshall that can provide day respite as well as caregiver support."

Other comments focused on Battle Creek:

- "The Burnhum Brook center is a wonderful place, but it cost to use its offerings. This is a wall that many Sr.'s can't or will not climb over."
- " If we could have access to this kind of information [that provided by OSS staff in Marshall] in Battle Creek it would be helpful.

Yet other comments focused on the particular needs of those living in smaller towns and rural areas. The final comment, though lengthy, was a particularly detailed description of what may be different needs and preferences among rural elders:

- "One of my biggest concerns is that our services reach county wide and not only in the more densely populated areas."
- "I would like to see small social centers thru out the County that have a coffee hour-card game time- and hot meal for the locals to get together daily."

- “Calhoun County is blessed with many small rural communities. Taking seniors by bus to another area for activities is difficult for most of them. They are accustomed to smaller groups/buildings where they are comfortable not larger groups where they feel out of place. When they take a bus to go on an outing, which they love, they book a bus and go on their own without someone with them to help them along the way. They cannot carry their food trays at buffets and don't have the monies for expensive meals. They like the smaller local community sites with someone there managing their activities or if they request a bus for an outing someone with them to help them find their way. Someone to call bingo, someone to orchestrate games, someone paying attention to them and allowing them to feel as independent as possible. Being rural means less traffic, less visitors, possibly less family nearby as the jobs are in larger metropolitan areas. It is a transition but I've yet to see a senior who attends events that don't come back talking about it for days/months afterwards. When they come to play bingo, or roll a big fuzzy dice to see what prize they have won, they are excited and it stimulates them. Couldn't the senior services connect with local junior colleges, church organizations, etc. with one taking a day a month to orchestrate something for the seniors, perhaps meeting a bus that is bringing in seniors to the buffet for a long relaxed lunch and assisting them at the counter as they are making their way through, or the volunteers coming to the individual communities with a game they have planned out, tossing bean bags, who comes closer to the line, etc. Give the seniors something to look forward to. When they are excited they will talk about it and word will spread and more will want to participate. If they talk about an hour long trip on a bus to get somewhere and feel lost, who would want to go? Don't put the service for seniors bus out of walking distance in town. Many seniors do not drive and do not want to drive in what they deem heavy traffic areas. Many families are not available to transport the seniors as they are working. Exercising to the fun music, with enthusiastic coordinators, having a nurse talk to them about how they are feeling, someone taking time to listen to them and their needs or desires means everything to someone who sits home in a chair alone much of their time.”

Transportation, Basic Needs, Legal Issues, Caregivers, Engagement, Etc.

Most of the remaining comments focused on one or another service that the respondent felt would be of particular benefit to Calhoun County's older population. As one would expect from the quantitative analysis results, transportation was frequently mentioned in the comments, and often linked to the prominent themes that we have already discussed. For example, the link between transportation, prevention, health care, and aging in place is often implied:

- “Focus on Aging in Place . . . and strong transportation.”

- “More transportation options for seniors would also be preventative. Many people are unable to keep physician appointments due to lack of transportation within and between counties. This will become more of a problem as we move toward accessible care centering in larger cities making commuting between counties more common.”
- “One that could answer and support transportation and programming information to increase services to the citizens that we serve....in order to remain healthy, they must also remain active and involved in programming for recreation, exercise as well as education.”
- “...ensuring seniors have access to transportation to get to their physician appointments and/or the hospital.”
- “We will also need to look at more Senior Transportation. Since boomers are living longer than ever, and driving as one becomes more elderly is getting more dangerous, we should consider how seniors without adequate transportation will be able to get around for shopping, medical appointments, and other general things.”
- “In order to keep Seniors in their homes I hope that the Calhoun County Senior Services looks at the amount of seniors without transportation that need to get out in order to pay bills, doctors, get assistance and or visit friends. This is very important to a senior, as we do not want them to get lost in the mix of things and be stuck at home with no means of transportation.”

Basic needs, such as access to food, physical and mental health care, and housing were mentioned a number of times in various comments as holding a high priority. For example:

- “Food, shelter, transportation, and health care are basic needs that must be met.”
- “We desperately need a geriatric psych evaluation location to address the needs of those with dementia. A location that will offer patients a non-biased referral service to include all senior living options, not just contracted in home care and Centracare day services. It would be nice to open an assisted living that is income based although I'm not sure how that could be funded. There is a huge population of elders who rely 100% on the care of their family that cannot afford assisted living and require more assistance than in home care can offer. This is the population who would be best served with the small amount of funding that may be available.”
- “Mental Health Services need to be expanded, employees of service offices trained to handle the growing need for screening and action.”

Some other issues of note include fraud and abuse prevention and guardianship:

- “More services for elderly individuals that are currently or may become neglected by their Social Security Representative Payee(s). Background checks for Rep. Payee's and more complex accounting of assets Rep. Payee's make to the system annually.”
- “Guardianship of seniors is getting more complex and time consuming and there is a lot of uncompensated care being provided, especially as other funders do not see guardianship as a priority. On the contrary, without help, seniors (and those of other ages) fall through the cracks and have no place else to turn creating a larger strain on the community. Funding for guardianship is essential.”
- “...focus... on keeping low-income seniors from losing assets, being preyed upon, and/or from losing their ability to live decent, independent lives.”
- “We need to also factor in estate planning and durable power of attorney and guardianship information.”
- “There are so many family members that will not help as their parents, grandparents age. There is so much fraud within the family unit with ssi, food stamps/bridge cards. There are so many family members that steal these benefits then you have elders that have no food, can't pay bills and can't buy their meds. If there was more we could do about this it would be a great thing. Thank you.”

Respondents also mentioned the importance of engagement and recreational activities, adult day services, and caregiver education and support, along with a particularly impassioned argument for the wider availability of palliative care:

- “Develop meaningful occupations/activities for older persons, including volunteering, classes, employment.”
- “Caregiver education should be considered as a need to prevent caregiver burnout.”
- “More assistance is needed for Adult Day Care and Respite services in their home.”
- “I think the Adult Day Care program has a key role as the arena changes in the coming years. This is a program that has many levels of services for seniors. From transportation to personal care the center can meet a host of needs with one daily visit. I really believe it needs to be recognized for the one "stop shopping" it provides to a client and their family. The variety of services offered can be completed for a fraction of the cost that some providers are able to do. I believe it under utilized in our Community.”
- “We really need to bridge the gap between fully and aggressively treating medical conditions and hospice. Many seniors would benefit from palliative care when coping with a chronic condition but they do not feel ready for hospice or do not fully understand hospice. Instead, they spend the last year of life in and out of the hospital and emergency rooms instead of having the support they need to manage their illness at home. We need to have Medicare recognize palliative

care and reimburse for it in the same way that they do for hospice. Palliative care should be available when patients have a life expectancy of 12-18 months with hospice available for the last 6 months or less of life. We continually have patients signing onto hospice for the last 5-7 days of life when comfort and support could have been available sooner but hospice still has negative associations for patients and families -- it is about death versus about living out the time that you have with the most comfort and support."

The stakeholder survey results lead to an inescapable conclusion that the agencies, organizations, and individuals serving older adults in Calhoun County are attempting to do more with less, and recognize that this state of affairs is bound to continue. The common thread that emerged from these data was that the aging network in Calhoun has been effective, but must continue to innovate in terms of program delivery, coordination, and funding. One respondent compellingly captured the central issue faced by the Office of Senior Services and the Region 3B Area Agency on Aging:

- "It will be necessary for funders to decide which end of the continuum of aging is most critical. Do you want to focus on the "good of the few" or the "good of the many?" By that I mean, should we continue to spend the lion's share of resources maintaining the most frail and vulnerable in their own homes - spending a lot of money on a fewer number of people...or...spend dollars on lower cost prevention and supportive services for seniors who are healthier, need fewer services and focus on slowing their decline. It is unlikely that we will be able to do both well."

Focus Group Analysis

The conduct of focus groups, in conjunction with more quantitative methods of data collection such as standardized surveys, provides context and allows for a deeper and richer understanding of the preferences of older adults in Calhoun County. Our focus group method relied heavily upon a collaborative effort of community members, not only as focus group participants but as moderators and recorders as well. The efforts of our community partners yielded qualitative data that provided information to us about a range of opinions and feelings that may not have been otherwise captured by the population survey. Allowing people to discuss their opinions in a less-structured format, we hoped, would allow us to further elucidate differences in perspective across groups from varied geographic regions throughout the county. The goal of this process is to shed a different source of light on our needs assessment, helping to illuminate the details that can be missed by standardized surveys. It is our hope that this approach will complement the other modes of data collection we employ and the range of issues identified by both stakeholders and residents.

We are grateful to the volunteer moderators that conducted all of these focus groups and assisted us in revising a script that provided such valuable information. We are also grateful to Jamie Gibson who recorded each of these focus groups and in cases that were not recorded, providing us with a summary report of her observations.

Burnham Brook No.1

The largest focus group in Calhoun County, with 15 participants, was the first of two conducted in Burnham Brook that took place on the morning of February 19th. This was the only male dominated group of the six and all participants were Caucasian. The average age of this group was 72 years old, with ages ranging from 50 to 85 years old. This group was also the least isolated group, with 86% of participants reporting living with at least one other person and 87% reporting being married, the highest percentages for both response categories of any of our focus groups. This group was organized through a Parkinson's support group, and therefore had a large number of

members coping with a chronic disease. The group was split when rating health compared to others with worse than average (29%), about average (43%), better than average (21%), and one person (7%) reported much better than average. The entire group reported that at least “Some” of the time (71%) health problems prevented them from doing things they want to and one-quarter said “A great deal” (29%). The majority (92%) reported having an income of \$2,100 to more than \$3,400 per month. Nearly $\frac{3}{4}$ reported being college educated (73%).

The group opened with discussing what kind of challenges they face living independently in their homes and community while maintaining their health and well-being. The group expressed challenges being cooking for one, getting adequate nutrition, losing their licenses and means to travel independently. Though the majority (71%) of the group self-reported average to above average health when compared to others their age, maintaining their health was the biggest challenge specifically.

Challenges	Votes
Staying healthy	12
Not being able to drive; losing independence	10
Staying safe at home; falls accidents	9
Medication management	7
Nutrition planning and preparation	6
Surgery, recovery, not following through with exercise	4
Cooking for one person	2

The discussion then turned to existing services that help group members maintain their independence. Overwhelmingly, the group said that exercise programs were the most important. The table below illustrates preferences by tallying votes.

Existing Services	Votes
Exercise programs	14
Transportation	6
Burnham Brook: recreation, social activities, support groups	5
Meals on Wheels	5
Education programs	4
Senior Support through AAA, Senior Health Partners, Senior Millage	4
Not aware of all services	3
Adult Day care	2

Participants mentioned several different kinds of exercise programs including:

- The Senior Health Partners Whole Person Wellness
- Tai Chi
- Exercise programs

Participants discussed what improvements they would like to see to existing services. Overall, they voted for increased locations and variation in exercise programs. Other suggestions for improvements were that Meals on Wheels offer fresher and higher quality meals with more variety and nutrition.

Improvements	Votes
Exercise programs; variety and in many locations	21
Transportation	8
Meals on Wheels	7
Money management	4

The moderator led the group off script to probe discussion about participants that have never accessed or used services offered. Feedback was largely that they were unaware that the service was offered. Comments included:

- For some reason the word isn't out there really.
- When I started taking care of my husband I didn't know about it.
- I think that trying to be independent would cause you not to look for services.

After a short break the focus group resumed to brainstorm about what services are not currently available or new services that could be developed to assist older adults in Calhoun County. Exercise programming received the most votes (swim programs + movement specialist to aid in keeping more fit) after discussion, probably reflecting the common interest of many group members in managing their Parkinson's disease, though transportation and home modifications were also deemed important:

New Services	Votes
Transportation; outside community, medical appts, more availability	12
Home modifications: ramps, widening doors, etc.	8
Swim programs	8
An agency or person to help people qualify for government services	7
Expansion of legal services beyond what is available in assisted living	7
Movement specialist to aid in keeping more fit	6
Information; about scams, available in churches, on web, doctors office	4

The final question from the focus group script asked participants to share what issues they had in finding or arranging for the help they needed. Discussion began about services and information being sought but not found, not knowing how to find out about services, some not wanting to seek help for fear that their independence would be compromised, and that information should be available in churches, doctors' offices and places that older adults would likely access the information. Participants overwhelmingly rated information about the programs and services that are available to older adults in Calhoun County as the most important consideration:

Availability & Access	Votes
Information; about scams, increase marketing	38
Too young to qualify for services	10
Services may not yet be needed	9
Transportation	8

While participants discussed many important ideas about which services they use and which they do not, only the options that were voted for and received at least one vote are included in this analysis. The design of the voting exercised called for participants to cast 5 votes per topic to prioritize options recorded by the moderator. In the case of this first focus group 15 participants should have cast 5 votes per topic of discussion, for a total of 75 votes possible per topic. Here are the actual totals for this group:

Topic	# of Votes
Challenges	50
Existing Services	43
Improvements	40
New Services	52
Availability & Access	65

The results indicate that some participants opted out of participating in the voting exercise portion of the focus groups, or that many participants failed to cast all of the votes they were entitled to use. This is not a major concern, since not voting is an indication of low salience on these issues, and therefore the voting results reflect only

the strongest feelings of group participants. The voting results will be aggregated at the end of this report to summarize overall preferences among all groups.

Albion

The second focus group took place in Albion on February 19th and had 12 participants. This was the most culturally diverse group with 42% African American participants and 58% Caucasian, and the oldest group with a mean age of 78. This group contained the oldest participant of all of the focus groups who was 93 years old. Almost three-quarters of the group were married (73%), women (75%), and lived with at least one other person (75%). This was a healthy and active group, though the majority reported experiencing some issue with health as a barrier to activity (56%). All participants graduated High School and 83% went on to pursue higher education. This was the most financially secure of the groups as 75% reported monthly income levels ranging from \$1,700 to \$3,400 or more, although one person reported earning less than \$400 per month; 63% of participants had monthly income of at least \$2,900.

This focus group was one of two not captured via audio recording, and therefore we do not have a narrative of the full discussion available. However, our recorder, Jamie Gibson, took notes and wrote a summary of her experience with the group, and we are grateful to her for those efforts. In addition, the voting exercises were recorded and allows us to capture preferences for each of the five discussion topics. Jamie's summary reads:

“Although the group showed a willingness to participate they seemed to defer to one member who is an activist in the community and highly respected. They didn't precisely wait for him to make comments during the session but he was definitely a presence at the meeting.

There were similar challenging issues in all the focus groups, such as transportation, socialization, etc. but Albion has suffered the loss of the Family Health Center which is a Medicaid mandated facility and cared for low income families in Albion and surrounding areas. The hospital in Albion closed some time ago and the health center was filling the gap.

The participants talked about almost every issue in the context of having lost what they perceived as the only health care option in Albion. The issues of transportation (to get to a doctor outside of the Albion area), lack of specialists

(Jackson is close, but outside the county and therefore transportation is not available), urgent care (again, having to travel outside of town to get to an emergency room or urgent care facility) were all discussed at length. I condensed the discussion to salient points but there were a lot of comments surrounding health care availability.

Two of the participants were quite knowledgeable about what services are still available in Albion and shared this with the group. Many of them expressed surprised that services were still available, even if on a more limited scale.

Another issue which was discussed at length was that of people who are not considered seniors and/or may have just a bit too much income to qualify for services. There were many examples given of people who “fell through the cracks” for one reason or another. Expensive items like dental care, glasses and hearing aids seemed to be out of reach of some people. Another discussion centered on the fact that all services have different criteria. There is no consistency in age requirements, income requirements, etc.

Participants felt a decided lack of communication regarding senior issues. Albion receives the local shopper from Jackson but not from Calhoun County. They did not feel that there was enough information provided to inform them of services that are available. While this was an issue with most of the focus groups these participants seemed to feel particularly “left out”. They identified Battle Creek as the place in the county where all the services and information were focused. The 211 service was discussed at length and it was pointed out that those calls were often routed to Jackson County because of the area codes associated with some Albion area phone numbers.

The Fork Senior Center was a service everyone knew about but there was some discussion of the yearly membership fee which is out of reach for some of the people who were there. The group felt pretty strongly about the need to socialize and voiced the opinion that the local churches could do more for seniors to aid in this concern.

The group was very positive in their willingness to share. No one dominated and when someone spoke the other participants made comments that agreed or encouraged more discussion. The group moderator did an excellent job of drawing people out without making her own opinion known.

I had the impression that, although the participants understand the challenges they face in their community, they were not bitter nor did they seem to be without hope. They seemed eager to receive any information that might be useful to them. They gladly shared their own experiences and those of friends, neighbors and family members. No one dominated and everyone was heard. As they left they were chatting about some of the things that had been brought up during the session.”

Voting results rating the importance of the various issues discussed are shown below.

As noted in the discussion, the availability of medical services in Albion was rated as the most significant challenge, followed by senior center fees, transportation, uncovered medical expenses, and public information about aging services. Existing services most valued included veterans' services, the local lifelong learning program, and Forks Senior Center, along with others.

Challenges	Votes
Doctors and medical centers needed locally	16
Cost of senior center	8
Transportation	8
Cost of hearing aids/glasses/dental work	7
Unaware of services/need info	7
Income level disqualifier for service	6
Home repair/seasonal chores	5
Lack of knowledge about services available	5
Getting home health care/surgery aftercare	3
Home modifications	3
Seniors helping seniors	3
Cost of therapy	2
Paperwork, legal docs, applications	1
Socialization, too much isolation	1

Existing Services	Votes
Help for Veterans available in Battle Creek, Marshall and Albion	8
Albion Area Lifelong Learning	5
Forks Senior Center: expand participation beyond members	5
Methodist Church: Faith and Action Sunday	4
TOPS (Weight Watchers)	4
Episcopal Church-free meals once a month	2
Family Health Center	2
Inform people who are isolated about services	2
Lunch and Learn	2
AA	1
Meals on Wheels	1
Ping pong	1
Senior Health Partners	1
Support Groups	1

The major improvement identified by participants would be increased outreach and public education efforts, better health care access and availability including dental services, and expanded senior transportation options. New service suggestions predominantly include the notion of helping seniors to age in place through financial, health, and personal assistance support. The chief availability and access issue was identified as transportation.

Improvements	Votes
Advertise services available/circulate info	12
Need clinics for uninsured or underinsured	9
Dental for seniors	8
Door to door services to help seniors	7
Urgent care facility needed	6
Churches need to be aware of needs of older adults	5
Disseminate information about 2-1-1	4
Improved communication with AAA	4
Improved communications with funders and policy makers	4
Transportation	4
Defined age for "Senior"	3
Improve leadership in community	3
Substance abuse and mental health care for seniors	2
Older adults too young to receive services	1

New Services	Votes
Help seniors age in place, financial assistance	7
Centra Care to help seniors age in place	5
Assisted living for helping seniors age in place	3
Central information source	3
Funding policies for seniors	3
Training leadership	3

Availability & Access	Votes
Transportation	27
Senior Center access	10
Limited parking	5
Dental/health care	4
Utilizing seniors as a resource	3
Senior Center communicate with Board	2
Oaklawn blood draws can be done in Albion	1
People with needs are reluctant to ask for help	1
The volunteer center needs more presence	1

Homer

The third focus group took place in the afternoon of February 20th and had eight Caucasian female participants, ranging in age from 64 to 86 with a mean age of 78 years old. This was the second oldest group, the only group that had female participants exclusively, and the most isolated group with almost all participants reporting living alone (88%). Not unexpectedly, participants were largely single (25%) or widowed (63%). They were split when reporting their health compared to other people their age; responses included, “Worse than Average” (38%), “About Average” (25%), and Better than Average” (38%). This was the most financially insecure focus group; household incomes were largely split in thirds among three response categories, \$400-\$800 (29%), \$800-\$1,200 (29%), and \$1,200-\$1,700 (29%). Almost three-quarters (72%) reported health problems preventing them from doing things they want to do and having average activity levels (71%) compared to other people their age. Only 2 (25%) of the 8 women reported having education beyond high school, though they did not receive degrees.

The group began discussing challenges to maintaining their homes, lives, and families. Many responses were idiosyncratic and varied:

- I have trouble sleeping
- I have a bad back
- Running the sweeper is really hard
- I got artificial knees
- I have oxygen, which is very hard for me, cleaning
- [I prepare my own food] I do but I don't...I sit down to eat it and it don't look good

Other responses were more directly relevant to service provision in the area, including transportation and home delivered meals:

- You have to call [for transportation] 24 hours in advance. It was a really bad day. I was not going to drive so of course I had to cancel it.
- Meals on Wheels comments:
 - Argh!
 - If you can stand to eat them
 - I don't get them but I just look at theirs and it looks awful. I wouldn't eat it.
 - They send you goulash and it's so dry that you can hardly swallow it.

- The home delivered meals are dry.

Participants had much to share in terms of challenges performing instrumental activities of daily living (IADLs).² Home chores, shopping, and making meals, in addition to transportation, were overwhelmingly the greatest challenges participants faced based on voting exercise results.

Challenges	Votes
Home chores	12
Transportation	10
Shopping	5
Cost of shopping in convenience store	4
Dissatisfaction with Meals on Wheels	1
Making good meals	1
Proximity to grocer	1

The moderator led the discussion to the next discussion point in the script, “How can we address some of these challenges?” Participants requested increasing options to address isolation as well as circulating information more widely and having access to information more readily available. There seemed to be a perception of distance from the population centers of the county—Battle Creek, Marshall, and Albion—and a sense that the needs of older adults living in the townships and villages were not being met as well.

Improvements	Votes
Isolation, i.e. meeting places, things to address isolation	10
Advertise services available/circulate info	9
Facility like Burnham Brook	6
Everything desirable is in Battle Creek	1

The next topic of discussion asked participants to think about existing services. The moderator asked participants to think about services they utilized in the county that helped them maintain their well-being. The discussion largely focused on medication

² As used in this report, ADLs refers to activities of daily living involving self-care, eating, toileting, and basic mobility. IADLs refers to instrumental activities that are not fundamental to living but are closely related to the ability to function independently in the home and community, such as keeping house, preparing meals, financial and health management, and shopping and other tasks.

and local resources. The voting exercise demonstrated that the most important existing service is assistance with prescription medications, although this encompasses not only local programs but Medicare Part D subsidies as well.

Existing Services	Votes
Assistance with prescriptions	10
Guidelines for existing services difficult/ineligible	8
Senior Health Partners	7
Medicaid	4
Share Center in Battle Creek	4
Area Agency on Aging	2
Blood draws and dentist in Albion	1
Field Trips from FSC	1
Transportation	1

While participants mentioned many services in their discussion, the voting exercise illuminates their perception that information about available programs is the biggest barrier to accessing services. Not only did “Need information” receive the most votes, but the next two most voted on options are variations of the same response. “Lack of knowledge of services available” and “Newspapers” will both be coded as public information for aggregating data to demonstrate overall preferences in the summary of this focus group chapter.

Availability & Access	Votes
Need information	12
Lack of knowledge of services available	8
Newspapers	4
Senior Housing	2

The moderator posed the last topic of discussion to the lively group, “What kinds of things do you really want or need that aren’t available right now?” Participants shared a variety of issues they’d like to see addressed as well as new services that might be considered. The conversation revolved around meeting spaces and locations for gatherings. Though no specific purposes were discussed, the group liked the idea of making meetings more geographically accessible. Most of the votes (below) were

allocated to addressing options to facilitate social interaction over shared interests, recreational activities, exercise, and education.

New Services	Votes
Activities	6
Food service	4
Community garden	3
Learning new skills like computers, knitting	2
Recreational facilities	1

Burnham Brook No. 2

The fourth focus group was conducted in Burnham Brook on February 28th. The 13 participants ranged in age from 60 to 84, with a mean age of 69 years old. This second largest focus group was dominated by white (69%), single (39%), separated (8%), and widowed (23%) females (77%), who largely reported living alone (69%). The group rated their health as mostly average (15%) or above average (62%), with average (31%) and above average (54%) activity levels. Education levels varied, yet only 2 people had less than a High School Diploma or GED; all others reported being college educated. Income levels were low for a largely educated group with half reporting less than \$1,200 in monthly household income.

This was the second of two focus groups not captured by audio recording. Jamie Gibson shared her observations from the gathering:

“There were several physically challenged participants in this session. Participants were very willing to share their experiences and day-to-day challenges. Most challenges centered on loss of mobility and agility issues. They were quite vocal about their experiences in the grocery store. I managed to have them help me condense their comments for the chart paper, but they had a lot to say about trying to buy groceries! A great deal of frustration was expressed and some anger. It was interesting to me how this group differed in their overall emphasis on physical issues since there were more people in this group who had difficulty moving around and navigating the room to put their stickers on the chart paper for the voting exercise. We had to bring the chart paper to several people who couldn’t manage to get up. Simple every day activities were no longer possible and there was very little help available to assist. This group was the second most physically challenged. The first being the Feb 19th Burnham Brook Parkinson’s exercise group led by Karla Fales. However, I sensed a great deal

more fatigue, frustration and general sense of loss of hope in this group. It seemed that the Parkinson's group was more pro-active in meeting day-to-day challenges than the participants in this group. Karen did an excellent job drawing out further comments from the participants and the session went smoothly. This group also seemed more informed about existing services than some of the other groups. Does it make a difference that they live in Battle Creek?? Most have contact with at least one agency. Most had more than one contact. Session went quickly and without any problems. It was unremarkable except for the great emphasis on physical challenges which made it different from the other focus groups. All groups expressed difficulty with daily physical challenges but this group was even more focused on those issues."

The group recorder's observations of the physical challenges of group members differs somewhat from participants' self-perceptions. As noted above, their self-reporting of average health and activity levels when compared to other people in their age group do not reflect such challenges. However, the results of the voting exercise do—while we do not have an audio recording of the surrounding discussion, the voting results strongly suggest a confirmation of the recorder's observations. Basic functional abilities associated with activities of daily living (ADLs) and IADLs seem to be a particular concern for this group contrary to the self-reported health and activity levels.

Challenges	Votes
Home chores	10
Cooking	7
Shopping	7
Handrails	6
Pain management	5
Mobility w/Parkinson's	4
Toilets too low	4
Fear of falling	3
Stairs	3
Access to tools to increase strength	2
Home modifications	2
Mobility in and out of bed	2
Opening medications	2

Lack of information about existing services, as demonstrated in the voting results below, is identified as an important issue for these older adults, despite the recorder's observation that they seemed to be relatively well informed. When asked to rank

improvements that could be made to services, the participants ranked portion sizes of food available for purchase as a top area for improvement, but that issue is not generally within the purview of aging service organizations. The next five highly ranked categories are, however, and they are all related once again to the level of public information available to individuals and churches about aging needs and services.

Existing Services	Votes
Need a list of services with easy to understand qualifiers (age, income)	14
Lack of information	9
Transportation	8
Home chores, ADL's	7
Assistance with ADL's: getting dressed, putting on socks	6
Life line	4
Senior Health Partners	4

Improvements	Votes
Portions of food for purchase	9
Info about qualifying for services	8
Info about senior living facilities	8
Info about qualifying for food assistance/food banks	7
Churches need to be aware of needs of older adults	5
Information	5
Transportation	5
Walker and wheelchair access/automated doors	5
Improve ease of signing up for Meals on Wheels	4
Improve quality of Meals on Wheels	3
Shopper newspaper should be available where seniors live	3
Area Agency on Aging office satellite	2

When asked to rate the new service ideas that were raised in discussion, this group also seemed to endorse greater opportunities for social interaction among older adults as a service enhancement that should be considered. Participants also ranked age-friendly commodity distribution and food shopping highly, as well as supportive services for younger seniors who need them and those providing care for others.

Finally, participants identified lack of public information and awareness as a significant issue affecting the availability and access of supportive services for older adults. Other availability and access considerations had to do with home care and medical services and transportation issues.

New Services	Votes
Seniors sharing experiences with other seniors	11
Commodity distribution; seniors can't stand in lines as long as young	8
Grocery stores that are senior friendly	8
Help for <65 ineligibility issues	8
Caregiver training	7
Household chores	7
Make seniors a priority i.e. Sec of State, other gov't facilities	6
Senior support groups	6
Support for sandwich generation	4

Availability & Access	Votes
Need information/lack of awareness of services available	19
Community Health Care assistance with meds/glasses/hearing aids	9
Household chores	8
Info about available assistance for prescription costs	6
Lifecare Ambulance	6
Transportation	6
Charitable Union for clothing	3
Hospice in nursing home setting	3
Senior Preferences Booklet	3
Help with hearing aid cost is available	1

Newton Township

The focus group that took place on February 21st in Newton Township consisted of 10 Caucasian participants split between women (56%) and men (44%). They ranged in age from 50 to 91, with a mean age of 75. The group was split equally between living alone and with one other person while the majority of participants were single (20%), separated (10%), or widowed (30%). This group was well educated compared to other groups with all participants at least finishing high school and half going on to attend college. Monthly income levels were higher relative to other groups, with more than 42%

reporting \$1,200 to less than \$1,700, an equal proportion reporting \$2,900 to less than \$3,400, and the remaining participant reporting \$3,400 or more (14%). Overall, the group self-reported being in good health with high activity levels. The group was equally split between health problems as a barrier to doing things they want to do “Some” of the time and health problems not interfering at all.

The focus group began as the others by having the moderator ask participants to share challenges they face in maintaining their well being and independence. As with the Homer group, and despite higher levels of marriage and cohabitation, the group discussed feelings of isolation and not being able to see or talk to others. Furthermore, while concerns about being isolated and need for socializing received the most votes, the challenge of insufficient public information is equally highly ranked when combining “Information about existing services” and “Caregivers need info.”

Challenges	Votes
Isolation/socializing	7
Information about existing services	4
Keeping vital info for others to access in emergencies	4
Caregivers need info	3
Transportation	2
ADL's	1
Cost of prescriptions	1
Life line to age in place	1
Mental health issues need to be addressed	1

As the moderator posed the next question, “Which services are most important to help you or other people maintain your independence, health and well-being,” a participant asked to interrupt the group and ask a question; “Where can we find a list of the services that are available in Calhoun County?” The question of where to locate information about available services seemed to be the common thread running through each of the focus groups to some degree. This widespread concern about public information is not reflected in the voting exercise for existing services, but it is prominently featured in the following two discussion topics—how to improve service by more effectively disseminating information, and information and awareness being a barrier to accessing services. In terms of existing services, participants ranked

transportation, legal services, social activities, and supportive health and nutrition services as being most important.

Existing Services	Votes
Transportation	8
Legal services	5
Social activities, i.e. exercise classes	5
Visiting nurse	4
Day care at Marian Burch	3
Meals on Wheels	2

The next two topics of discussion show the importance of enhanced public information, and as in several of the other groups, the notion was raised that churches and other institutions can be used to disseminate this information.

Improvements	Votes
Information about existing services at church, assisted living	13
Determine cut off age of a “senior” for consistency	4
Educate staff of all agencies to be informed	4
Proximity to services	3
Pride gets in the way of asking for help; generational	2

Availability & Access	Votes
Information about services	18
Information about fraud	2

When participants were asked to brainstorm about services that don’t currently exist but that would help them maintain their independence and well-being, the discussion focused on adjusting their homes to be able to stay in them for as long as possible. As demonstrated by the table below, mobility was an issue identified by this group as well as home modifications like handicap toilets and having levers instead of knobs on doors and faucets.

New Services	Votes
Ramps to rent for temporary use	11
Home modifications	8
Lack of information about how to do home modifications	7

Marshall

The final and smallest focus group took place in Marshall on March 1st with five participants aged 72 to 81 with a mean age of 76. The group was a Caucasian mix of males (40%) and females (60%), including singles that lived alone (40%) and married (40%) people living with at least one other person (60%). Education levels varied from less than graduating high school (40%), earning a high school diploma or GED (20%), and the remaining two participants earned college degrees. Of the four people that reported their monthly household income, their responses varied from \$800 to less than \$1,200 (25%), to \$1,200 to less than \$1,700 (25%), to \$2,100 to less than \$2,500 (50%). Participant's responses in rating their health were split between "Worse than Average" (50%), "About Average" (25%), and "Much Better than Average" (25%). When rating their activity level and health problems as barriers there was a fairly even distribution between all response categories.

The moderator started the discussion asking, "What makes your day-to-day life difficult or challenging?" ADLs and IADLS were mentioned prominently in the discussion, as well as physical challenges arising from arthritis, clipping ones toenails, backaches, vertigo, and difficulty walking. After sharing the conditions the group spoke about how these issues hindered doing housework, getting through doorways in restaurants, increased their fear of falling, and negotiating curbs to access sidewalks. The voting exercise demonstrates that mobility issues including automated doors, cross walk signals, balance, traveling and ramps are all challenges. Although transportation singly received the most votes, when aggregating the data, issue of personal mobility overshadow the transportation challenge.

Challenges	Votes
Transportation	7
Automated doors needed/time to access	6
Cross walk signals too fast to cross	4
Roads as barriers to independence	2
ADL's	1
Balance	1
Health	1
Ramps too steep	1

Existing services were discussed next, and the group immediately focused on transportation options. The discussion quickly shifted to social activities and services that allowed them to age in their homes including home delivered meals, visiting nurse, and the EMS that offered assistance when they experienced issues such as falling or seizures. Participants also expressed their thanks to the firefighters and planned to invite both EMS and firefighters to a potluck dinner to thank them for their hard work. Once again we see the suggestion that churches may provide an effective gateway into the aging community.

Existing Services	Votes
Social activities, i.e. church dinners	4
Transportation	4
Food commodity programs	3
Home delivered meals	2
Senior Millage	2
Visiting Nurse Services	2
EMS	1
Firefighters	1

The moderator prompted the next topic by posing the question, “Our third question is availability and access. Thinking about the services we've listed, how easy is it to use those services? How do you feel about the services that have been more difficult or impossible to access?” This question provoked complaints about current transportation options including:

- “Like the Dial-A-Ride, you have to wait too long for Dial-A-Ride. Now, I don't take it because I drive, but I know that a lot of the seniors where we're at, they have to just sit and wait and wait and wait for it.”
- “The doctor's appointments, having to wait for the transportation.”
- “Sometimes you can get it [the van]. Sometimes I've offered if I had a 1:00 appointment go at any time in the morning and can't get it. Offered anytime coming home can't get it. Both ways, can't get it for three months. Like I said: to a doctor at the Wound Center at the hospital over there. And it's just, you know. And then on the weekends, they don't run, Dial-A-Ride don't run. You're like isolated.”
- “There's no office personnel, so we do, we feel very isolated.”

- “Weekends are a problem.”
- “I mean; there's nothing. If you needed something, you're just out of luck.”
- “I think probably there's a fear of being stranded in Battle Creek when people can't get back in a timely way.”
- “One time they forgot me.”
- “I have more of a fear of being stranded here in Marshall if I use the Dial-A-Ride because at 5:30 they don't answer the phone.”

Clearly the predictability, reliability, and convenience of available transportation options are seen as factors affecting the availability and access of other services.

Availability & Access	Votes
Transportation	8
Information about services available	3
Ombudsman to sift through available services	3
Legislators won't listen to senior issues	2
Senior Millage very helpful	2

The group paused after discussing availability and access. They proceeded with voting on the above lists and the moderator suggested stretching for a few minutes to break up the discussion approximately 50 minutes into the focus group. Assumedly, the audio recording was paused or stopped because we have no further recording for the remainder of this meeting. However, we do have the recorded voting results that show preferences related to improvements to existing services and ideas for new services. The voting indicates that transportation overwhelmingly dominated these two topics of conversation in addition to the three for which we have discussion transcripts available. The voting exercises also suggest that better access to legislators, timed signals and plowed sidewalks for pedestrians, and greater opportunities for recreational activities were discussed.

Improvements	Votes
Availability of legislators	5
Dial-a-ride available in evening	5
Time of light signals for pedestrians to cross street	5
Plow snow for walking	4
Transportation for Marshall House	2

New Services	Votes
Transportation	5
Casinos should become partners in transportation	3
Social events/entertainment	3
Community activities during the day	2
Expanded services of Marshall	2
Senior Center	2
Want to use high school to walk on weekends	2
Library programs during the day	1
Low or not cost exercise facilities	1
Low cost laundry	1

Qualitative Summary

The focus group discussions produced data including 144 pages of transcribed audio recordings and several pages of observer notes. A close examination of this material reveals that a few general areas of concern bubble to the top. The sense that older adults do not have enough information about the services that may be available to them was pervasive. Several participants suggested that enhanced outreach and public education efforts from the Office of Senior Services and the Area Agency on Aging may be necessary. One potentially fruitful suggestion was that it may be worthwhile to pursue these efforts in partnership with local churches, senior housing facilities, and other organizations that serve older adults. Many participants expressed a desire for clear and easily accessible information, not only about the services and programs that were available, but about the eligibility requirements for those services and programs. Our focus group participants expressed concern with maintaining their independence and well-being and aging in place in their homes and communities, and an interest in what resources may be available to them now and in the future to help them address those concerns.

Another fairly common concern is transportation. Numerous focus group participants discussed transportation needs and issues that include the ability to travel to neighboring counties, to schedule rides on short notice, and to be reliable. Yet another recurring theme was the need for interaction, for opportunities to gather in groups of other older adults with shared interests, and for other recreational and social outlets.

There were also differences between the groups that were often expressed in geographical terms, either as urban/rural differences, social center/periphery differences, or issues arising from geographical distance to services. Because of these differences, a number of issues took on heightened importance in certain focus groups and not in others. For example, the recent closing of the Family Health Center in Albion was seen as a real loss to the local community, and something that left lower income Albion residents more vulnerable. The focus groups conducted in Newton Township and Homer had participants that live in the most rural areas of the six groups, and their responses varied from those residing in more urban areas. Homer and Newton Township participants' needs largely revolved around their sense of isolation and lack of interaction, and for some, public information about programs and services that may be available to them. People in both places expressed a degree of loneliness and desire for social interaction that were not commonly expressed in the more urban groups. Homer participants suggested advertising services and circulating more information about services available outside of the cities. They also expressed an interest in having access to a more local one-stop type of facility for seniors, much like a smaller version of the Burnham Brook facility in Battle Creek. Other suggestions included offering low cost or no cost meeting places as well as establishing other social activities to address their isolation. When probed about what new services they would like to see specifically this group suggested activities such as a community garden or recreational activities where they could learn new skills such as working with computers and knitting.

Newton Township participants echoed many of the concerns of their Homer counterparts. Their greatest barrier to accessing services was a lack of information; this was the only case of the voting exercise that had complete unanimity for any group. Additionally, this was the only group that ranked isolation and lack of socialization as a particular challenge to living independently in their homes and communities while maintaining their health and well-being. In general, the rural dwelling seniors recommended increasing circulation of information about services available as well as addressing their need for accessible social and recreational activities. Many suggested that perhaps these needs could be met through a partnership with churches and other existing institutions in the more rural areas of the county.

The findings in the rural areas stand in contrast to findings from focus groups held in urban areas with more readily accessible services and information such as Burnham Brook, located in Battle Creek, which housed two focus groups and Marshall.

Participants from these focus groups expressed a different set of concerns. When speaking about challenges to maintaining their independence, health and well-being participants focused on staying healthy, needing assistance with some self-care, home maintenance, and independent living activities, as well as with transportation. Isolation was scarcely discussed by any urban dwelling participants.

Quantitative Summary

In addition to the qualitative discussion data, quantitative data from 30 voting exercises were collected and compiled, totaling 1,182 votes cast for 310 possible choices. The resulting voting exercise summary tables appear as survey results, but they cannot be interpreted in the same way as a scientific survey, such as our population survey, would be. That is because our collective focus group participants are not necessarily representative of the entire older adult population, and therefore the percentages in the tables should not be interpreted as reflecting the general opinions of older Calhoun County adults as a population. Significant differences in preferences exist between people living in different parts of the county, and *** variation in geographic location and proximity to services contribute to the way participants responded to questions posed.

The tables below include aggregate ranked preferences of all focus group participants regarding challenges to aging independently, existing services that helped, issues with service availability and access, and suggestions for new and improved services.

As might be expected, older adults ranked physical challenges as the greatest barrier to maintaining their independence and well being. IADLs were the most challenging to all groups with home chores and shopping presenting the biggest challenges. The second most important challenge to independence was identified as limits on transportation availability. Challenges arising from issues of personal mobility, health, and basic ADLs were also ranked among the most important, as were challenges due to limited financial resources, information, proximity to services, and social and recreational opportunities.

Challenges

IADLs		19%
Home chores		22
Shopping		12
Medication management		7
Home modifications		5
Home repair/seasonal chores		5
<i>Total IADL Votes</i>		51
Transportation		15%
Transportation		27
Not being able to drive; losing independence		10
Roads as barriers to independence		2
<i>Total Transportation Votes</i>		39
Personal Mobility		13%
Staying safe at home; falls accidents		9
Automated doors needed/time to access		6
Handrails		6
Cross walk signals too fast to cross		4
Mobility w/Parkinson's		4
Fear of falling		3
Balance		1
Ramps too steep		1
<i>Total Personal Mobility Votes</i>		34
Health		13%
Staying healthy		12
Pain management		5
Keeping vital info for others to access in emergencies		4
Surgery, recovery, not following through with exercise		4
Getting home health care/surgery aftercare		3
Access to tools to increase strength		2
Life line to age in place		1
Health		1
Mental health issues need to be addressed		1
<i>Total Health Votes</i>		33
ADLs		11%
Cooking		7
Nutrition planning and preparation		6
Toilets too low		4
Stairs		3
ADLs		2
Cooking for one person		2

Mobility in and out of bed	2
Opening medications	2
<i>Total ADL Votes</i>	<i>28</i>
Finances	11%
Cost of senior center	8
Cost of hearing aids/glasses /dental work	7
Income level disqualifier for service	6
Cost of shopping in convenience store	4
Cost of therapy	2
Cost of prescriptions	1
<i>Total Finances Votes</i>	<i>28</i>
Public Information	7%
Unaware of services/need info	7
Lack of knowledge about services available	5
Information about existing services	4
Caregivers need info	3
<i>Total Public Information Votes</i>	<i>19</i>
Proximity/Geographic	7%
Doctors and medical centers needed locally	16
Proximity to grocer	1
<i>Total Proximity/Geographic Votes</i>	<i>17</i>
Social/Recreational	4%
Isolation/socializing	7
Seniors helping seniors	3
Socialization, too much isolation	1
<i>Total Social/Recreational Votes</i>	<i>11</i>
Other	--
Dissatisfaction with Meals on Wheels	1
Making good meals	1
Paperwork, legal docs, applications	1
<i>Total Other Votes</i>	<i>3</i>

These sentiments were echoed in the aggregated rankings of existing services that help Calhoun County older adults age independently in their homes and communities. Health services received one-quarter of the votes across all focus groups. County residents utilize Senior Health Partners and exercise programs more than any other service. Senior Health Partners is focused on health promotion, prevention and education and was highly regarded by many groups. In particular, individuals struggling to manage

chronic health conditions, as exemplified by our Parkinson's support group members, held exercise programs to be beneficial.

Although this portion of the focus group discussion was meant to identify the existing services valued by participants, the topic of information barriers to existing services arose in most of the groups at this point in the discussion, part of the common thread about public information needs that runs throughout the focus groups. In terms of other existing services that help participants maintain their independence and well-being, they identified social and recreational programs, transportation, ADL and IADL assistance, nutrition programs, veterans services, and other programs.

Existing Services	
Health	25%
Senior Health Partners	16
Exercise programs	14
Visiting Nurse Services	6
Life line	4
TOPS (Weight Watchers)	4
Day care at Marian Burch	3
Adult Day care	2
Family Health Center	2
AA	1
Blood draws and dentist in Albion	1
EMS	1
<i>Total Health Votes</i>	<i>54</i>
Information/Education	23%
Need a list of services with easy to understand qualifiers	14
Lack of information	9
Guidelines for existing services difficult/ineligible	8
Albion Area Lifelong Learning	5
Education programs	4
Medicaid	4
Not aware of all services	3
Inform people who are isolated about services	2
Lunch and Learn	2
<i>Total Information/Education Votes</i>	<i>51</i>

Social/Recreational	14%
Burnham Brook: recreation, social activities, support groups	5
Forks Senior Center: expand participation beyond members	5
Social activities, i.e. exercise classes	5
Methodist Church: Faith and Action Sunday	4
Share Center in Battle Creek	4
Social activities, i.e. church dinners	4
Field Trips from FSC	1
Ping pong	1
Support Groups	1
<i>Total Social/Recreational Votes</i>	<i>30</i>
Transportation	12%
Transportation	27
<i>Total Transportation Votes</i>	<i>27</i>
ADL and IADL	11%
Assistance with prescriptions	10
Home chores, ADLs	7
Assistance with ADLs, getting dressed, putting on socks	6
<i>Total ADL and IADL Votes</i>	<i>23</i>
Food/Home Delivered Meals	7%
Meals on Wheels	8
Food commodity programs	3
Episcopal Church-free meals once a month	2
Home delivered meals	2
<i>Total Food/Home Delivered Meal Votes</i>	<i>15</i>
Other	8%
Help for Veterans available in Battle Creek, Marshall and Albion	8
Legal services	5
Area Agency on Aging	2
Senior Millage	2
Firefighters	1
<i>Total Other Votes</i>	<i>18</i>

As discussed previously, when participants were asked how services could be improved, they overwhelmingly agreed that advertising and circulating information about existing services was most important. The consensus among most groups seemed to be that the low level of communication about services available is a barrier to accessing important services that would enhance their health, well-being, and ability to age in place independently. Participants also requested expanded assistance and support

through churches and other locations, as well as clearly and succinctly communicating eligibility criteria for services. Transportation, nutrition, exercise programs, and increased access to affordable health care and social activities rounded out the top of the list of improvements.

Improvements	
Public Information	29%
Information about existing services at church, assisted living	13
Advertise services available/circulate info	12
Advertise services available/circulate info	9
Info about qualifying for services	8
Info about senior living facilities	8
Info about qualifying for food assistance/food banks	7
Information	5
Disseminate information about 2-1-1	4
Educate staff of all agencies to be informed	4
Shopper newspaper should be available where seniors live	3
<i>Total Public Information Votes</i>	<i>73</i>
Assistance/Support	14%
Churches need to be aware of needs of older adults	10
Door to door services to help seniors	7
Availability of legislators	5
Determine cut off age of a “senior” for consistency	4
Plow snow for walking	4
Defined age for “Senior”	3
Older adults too young to receive services	1
<i>Total Assistance/Support Votes</i>	<i>34</i>
Transportation	10%
Transportation	17
Dial-a-ride available in evening	5
Transportation for Marshall House	2
<i>Total Transportation Votes</i>	<i>24</i>
Food/Home Delivered Meals	9%
Portions of food for purchase	9
Meals on Wheels	7
Improve ease of signing up for Meals on Wheels	4
Improve quality of Meals on Wheels	3
<i>Total Food/Home Delivered Meal Votes</i>	<i>23</i>

Health	8%
Exercise programs; variety and in many locations	21
<i>Total Health Votes</i>	<i>21</i>
Finances	7%
Need clinics for uninsured or underinsured	9
Need more no cost or low cost meeting places (isolation)	5
Money management	4
<i>Total Finances Votes</i>	<i>18</i>
Health Care	6%
Dental for seniors	8
Urgent care facility needed	6
Substance abuse and mental health care for seniors	2
<i>Total Health Care Votes</i>	<i>16</i>
Social/Recreational	4%
Facility like Burnham Brook	6
Things to address isolation	5
<i>Total Social/Recreational Votes</i>	<i>11</i>
Personal Mobility	4%
Time of light signals for pedestrians to cross street	5
Walker and wheelchair access/automated doors	5
<i>Total Personal Mobility Votes</i>	<i>10</i>
Proximity/Geographic	2%
Proximity to services	3
Everything desirable is in Battle Creek	1
<i>Total Proximity/Geographic Votes</i>	<i>4</i>
Other	6%
Improved communication with AAA	4
Improved communications with funders and policy makers	4
Improve leadership in community	3
Area Agency on Aging office satellite	2
Pride gets in the way of asking for help; generational	2
<i>Total Other Votes</i>	<i>15</i>

Participants most cited a variety of assistance and support services as ideas for new service options. Some of these were outside of the realm of aging network service provision, such as the need for senior friendly grocers and more accessible public facilities, but perhaps these results can be called to the attention of merchants and other businesses catering to older adults in Calhoun County. Results of these focus groups

may persuade local grocers and others to make their businesses more senior friendly and perhaps to offer a wider range of services to people who may need assistance shopping. Others involved potential change or expansion of aging services in the areas of case coordination and support for younger seniors, help with home modifications, legal services, and assisted living. The table below demonstrates other suggestions for new services including options for social and recreational programs, public information, transportation, mobility, health, and other areas.

New Services	
Assistance/Support	29%
Grocery stores that are senior friendly	8
Help for <65 ineligibility issues	8
Home modifications	8
Person to help people qualify for gov't services, disability, etc.	7
Expansion of legal services in assisted living situations	7
Make seniors a priority i.e. Sec of State, other gov't facilities	6
Centra Care to help seniors age in place	5
Support for sandwich generation	4
Assisted living for helping seniors age in place	3
Funding policies for seniors	3
<i>Total Assistance/Support Votes</i>	<i>59</i>
Social/Recreational	18%
Seniors sharing experiences with other seniors	11
Activities	6
Senior support groups	6
Community garden	3
Social events/entertainment	3
Community activities during the day	2
Learning new skills like computers, knitting	2
Senior Center	2
Recreational facilities	1
Library programs during the day	1
<i>Total Social/Recreational Votes</i>	<i>37</i>
Public Information	10%
Caregiver training	7
Lack of information about how to do home modifications	7
Information about scams	4
Central information source	3
<i>Total Public Information Votes</i>	<i>21</i>

Transportation	10%
Transportation; outside community, more availability	12
Transportation	5
Casinos should become partners in transportation	3
<i>Total Transportation Votes</i>	20
Personal Mobility	9%
Ramps to rent for temporary use	11
Altering home structures to assist those with physical challenges	8
<i>Total Personal Mobility Votes</i>	19
Health	8%
Swim programs	8
Movement specialist to aid in keeping more fit	6
Want to use high school to walk on weekends	2
<i>Total Health Votes</i>	16
Food	6%
Commodity distribution; seniors can't stand in long lines	8
Food service	4
<i>Total Food Votes</i>	12
Finances	4%
Help seniors age in place, financial assistance	7
Low cost laundry	1
Low or not cost exercise facilities	1
<i>Total Finances Votes</i>	9
IADL	3%
Household chores	7
<i>Total IADL Votes</i>	7
Other	2%
Training leadership	3
Expanded services of Marshall	2
<i>Total Other Votes</i>	5

Finally, the single greatest concern for older adults in Calhoun County in terms of service availability and access is the lack of information they perceive. The table below demonstrates the greatest area of consensus among all groups; almost half of participants reported that the biggest barrier to accessing services is their lack of awareness and information about services available. Transportation is rated as the next

most important factor influencing availability and access, followed by eligibility restrictions and other impediments to assistance, health concerns, and other issues.

Availability and Access	
Information	46%
Information; about scams, increase marketing, avoid seeking	38
Need information/lack of awareness of services available	19
Information about services	18
Need information	12
Lack of knowledge of services available	8
Info about available assistance for prescription costs	6
Newspapers	4
Information about services available	3
Senior Preferences Booklet	3
Information about fraud	2
<i>Total Information Votes</i>	<i>113</i>
Transportation	22%
Transportation	49
Limited parking	5
<i>Total Transportation Votes</i>	<i>54</i>
Assistance/Support	14%
Too young to qualify for services	10
Services may not yet be needed	9
Charitable Union for clothing	3
Hospice in nursing home setting	3
Ombudsman to sift through available services	3
Legislators won't listen to senior issues	2
Senior Center communicate with Board	2
Senior Housing	2
The volunteer center needs more presence	1
<i>Total Assistance/Support Votes</i>	<i>35</i>
Health	8%
Community Health Care assistance w meds/glasses/hearing aids	9
Lifecare Ambulance	6
Dental/health care	4
<i>Total Health Votes</i>	<i>19</i>
Social/Recreational	5%
Senior Center access	10
Utilizing seniors as a resource	3
<i>Total Social/Recreational Votes</i>	<i>13</i>

IADL	3%
Household chores	8
<i>Total IADL Votes</i>	<i>8</i>
Proximity/Geographic	--
Oaklawn blood draws can be done in Albion	1
<i>Total Proximity/Geographic Votes</i>	<i>1</i>
Finances	--
Help with hearing aid cost is available	1
<i>Total Finances Votes</i>	<i>1</i>
Other	1%
People with needs are reluctant to ask for help	1
Senior Millage very helpful	2
<i>Total Other Votes</i>	<i>3</i>

Population Survey Analysis

Data Collection

The population survey is a key part of our efforts to identify needs and characterize the older population in Calhoun County. The survey was mailed to 6,000 county residents age 60 and older, chosen at random from a list provided by the Calhoun County Clerk's office that included all registered voters of that age group. Applying scientific sampling methods to the most broad and inclusive sampling frame available ensures that the results of the population survey, unlike those of the stakeholders survey and focus groups, may be considered representative of the county's entire older adult population.

The survey mailing was preceded by a postcard sent on January 15, and the survey itself was fielded on January 24, 2013. Surveys were returned throughout February, March, and April. The final count of surveys returned was 2,160, with 212 being submitted online, and 1,948 submitted on paper by mail. This yields a response rate of 36%, which is good for a survey of this type with only one pre-notification and no financial incentive.^{3,4} Sampling from a list of registered voters may have a tendency to under represent those with transient residential patterns and lower levels of education, and so we must be cautious in interpreting the results for that reason. On the other hand, a high response rate helps to reduce self-selection bias and gives us a more accurate picture of the conditions and preferences of Calhoun's older population.

To aid in the readability of this report, we employ graphs to help display key data in a visual manner within the narrative text. The numbers behind the graphs can be found in the tables in Appendix I, and will be cited when appropriate.⁵

³ Yammarino, F. J., Skinner, S. J., & Childers, T. L. (1991). Understanding mail survey response behavior a meta-analysis. *Public Opinion Quarterly*, 55(4), 613-639.

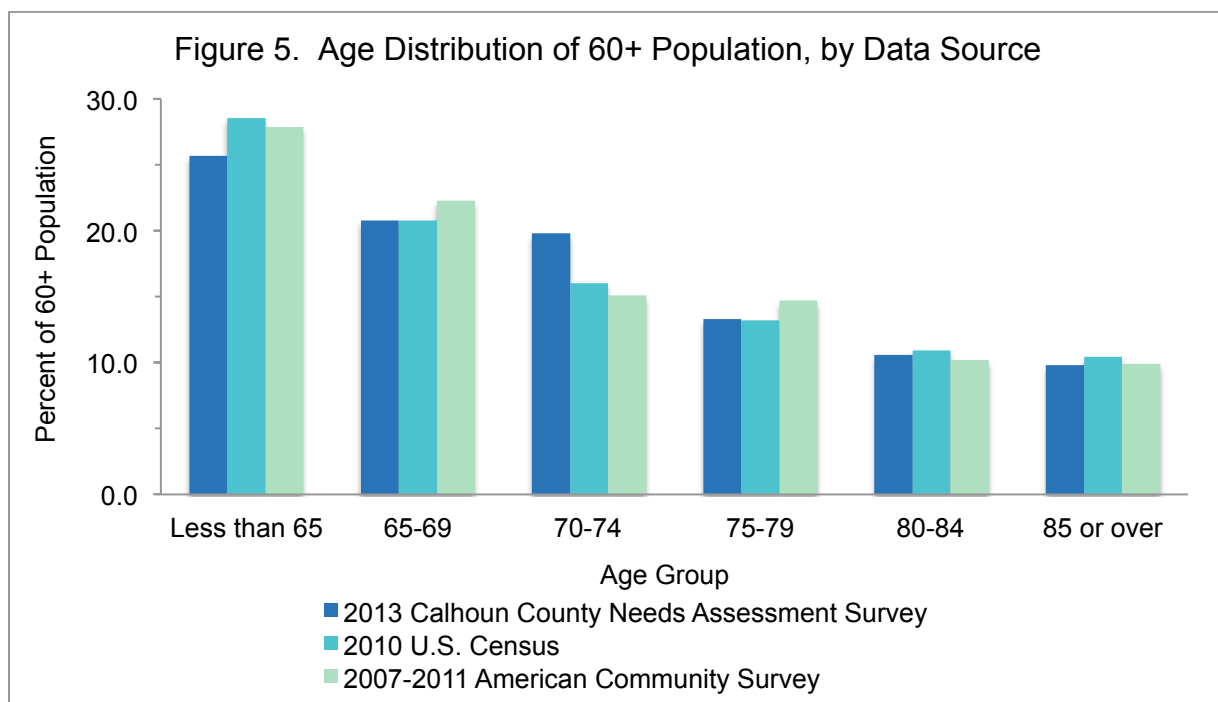
⁴ Dillman, D. A. (2000). *Mail and Internet surveys: The tailored design method*. New York: John Wiley & Sons.

⁵ Most of the tables show frequency distributions that report the number and proportions of individuals within certain categories of interest. Since some respondents typically fail to answer some of the survey items, our survey results report the numbers and categorical percentages of all respondents, and then the valid percentages excluding missing data. When considering the proportions of the older population that

Population Survey Data Compared to U.S. Census Bureau Sources

The first task in assessing the representativeness of the population survey is to compare its sample with selected demographic measures taken from two recent U.S. Census Bureau sources. The primary comparison source used was the 2010 Decennial Census, which is the definitive source of basic information on individuals such as age, gender, race, and geography. The secondary source was the 2007-2011 American Community Survey 5-year public use microdata sample, obtained from iPUMS.⁶ The ACS data are somewhat less reliable than the decennial census and available only on a whole-county level, but include a much wider range of measures available for comparison.

The first four tables in Appendix I compare the respondents to our survey, highlighted in blue, to the 60-plus population as measured by the Census and estimated by the ACS. The data from those tables are shown as bar charts below.



fall into different categories, it is most helpful to focus on the “Valid” column showing the distribution of valid responses.

⁶ Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

As even a brief glance at these charts will show, the Senior Needs Assessment sample is remarkably representative of the older population in Calhoun County as measured and estimated by the best available sources of population data. Comparing the columns in Figure 5 above, the age distribution of our sample is essentially the same as the population, within the margin of error.⁷ Figure 6, on the other hand, shows that our sample may lean slightly more female than the older population as a whole, with just over 55% of the Census and ACS population being women compared to nearly 63% of our sample. This is not an unusual finding—women of this age group tend to respond to surveys at a higher rate than men—and, while worth noting and keeping in mind, does not in any way shake our confidence in the findings.

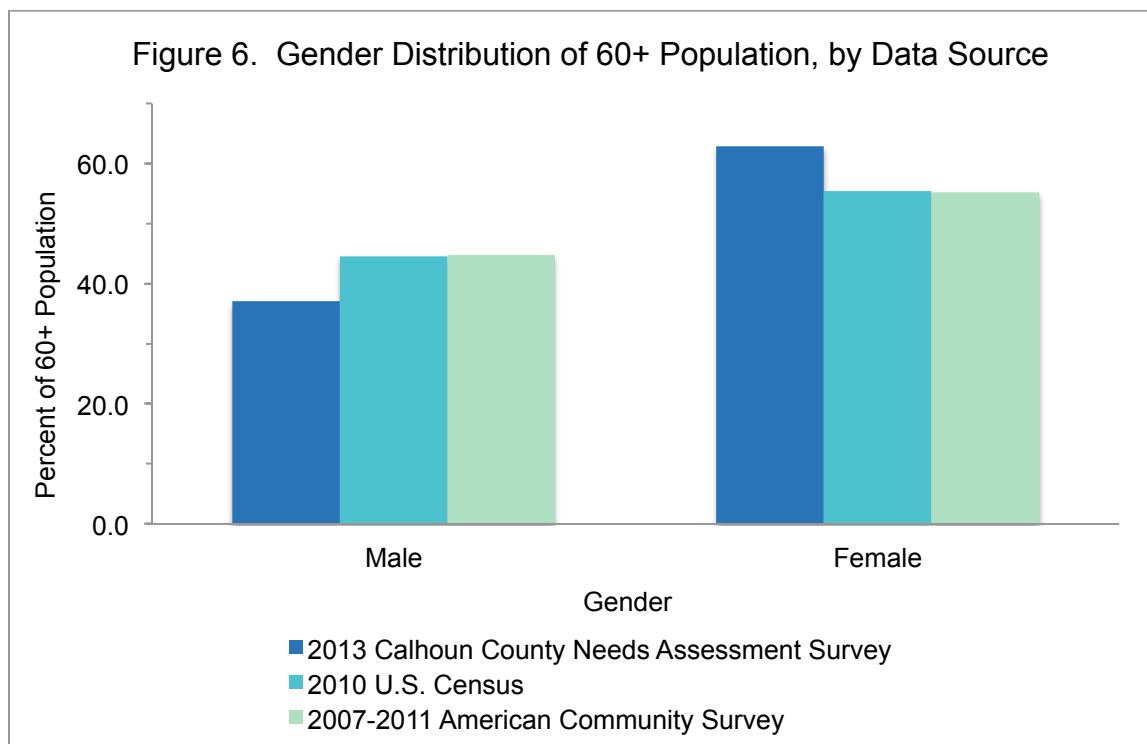
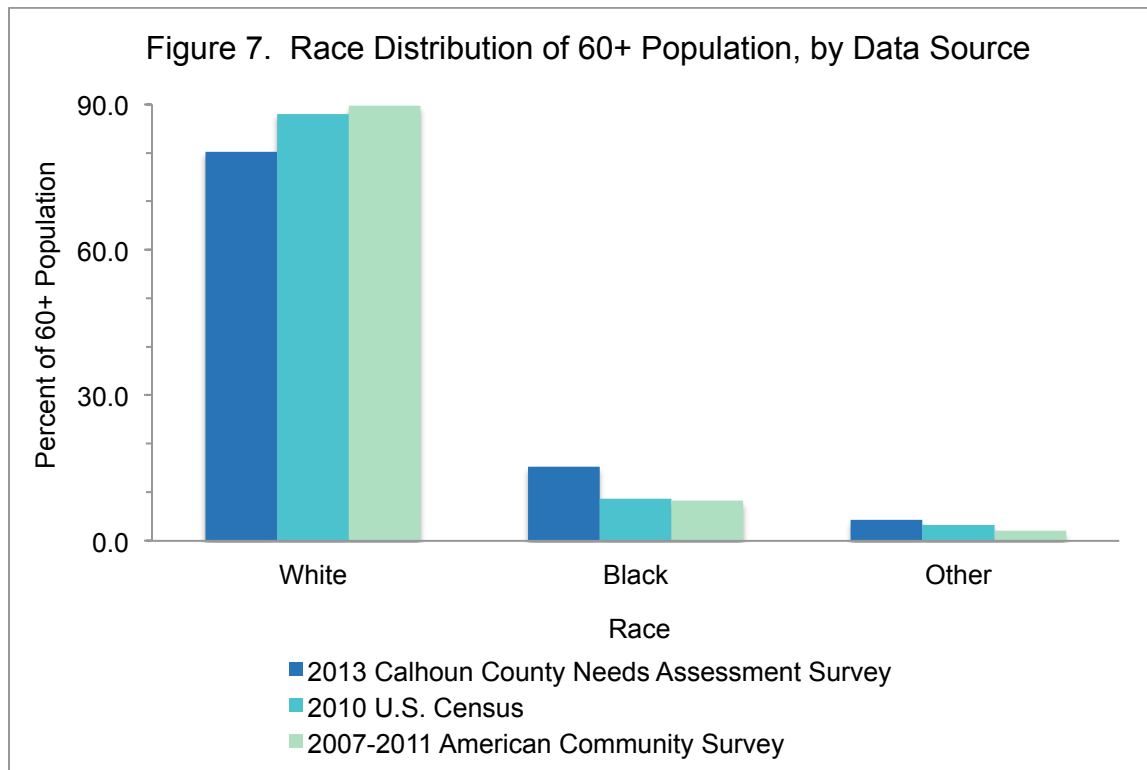


Table 3 shows further breakdowns by age and gender, which suggest that the men that are underrepresented may tend to be those in the younger age group (less than 65), and the women that are overrepresented may tend to be those in the middle (age 70-

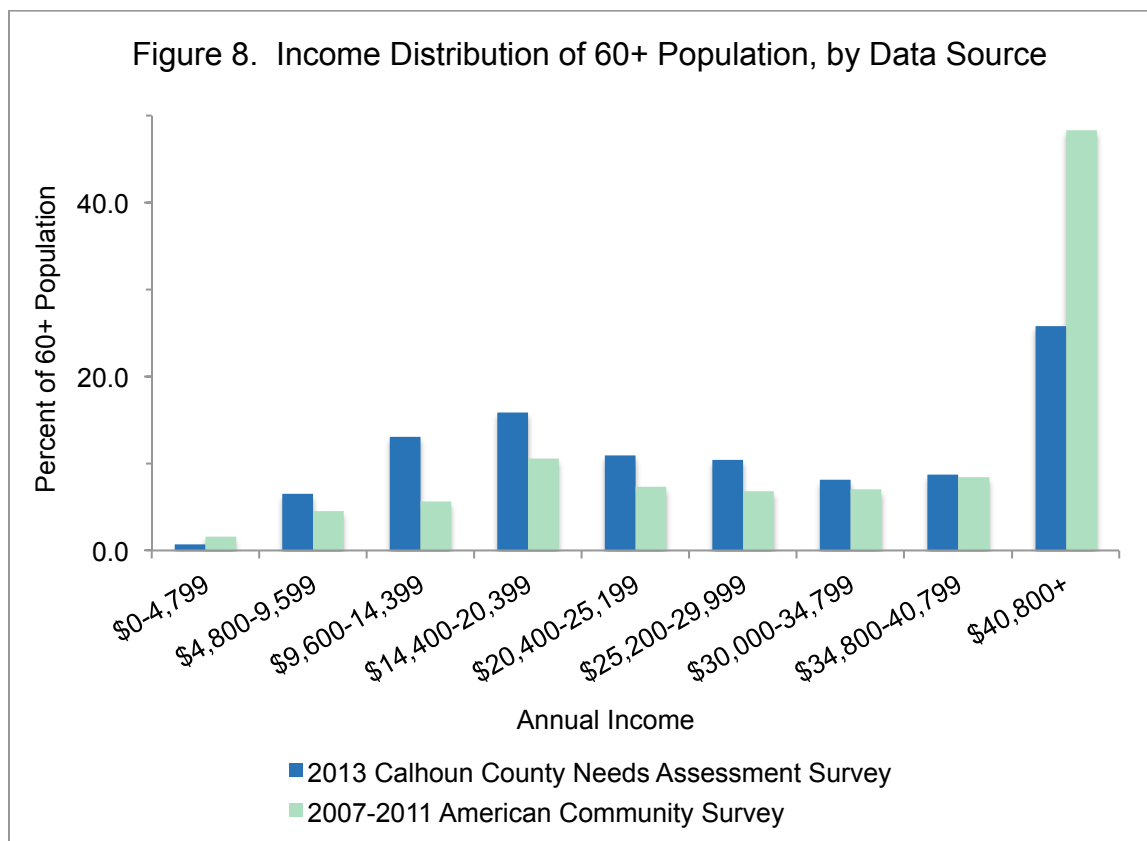
⁷ Margins of error for this dataset at a 95% confidence interval range from a low of +/-2.1% for the full sample of 2,160 cases to +/-3.7% for a subsample of 700 and +/-5.6% for a subsample of 300. In the case of the age table, all deviations in age group distributions between the survey sample and the Census and ACS data are within those margins of error.

74) group. These numbers are not reproduced in graphic form here, and are so close to the margins that even such modest conclusions are not worthy of great confidence. Finally, Figure 7 shows that our sample may slightly over-represent African Americans, but again, if such a difference exists at all it is quite slim. Overall, in comparison to the Census and ACS data our sample performs very well and reinforces our confidence in its representativeness of the older population.

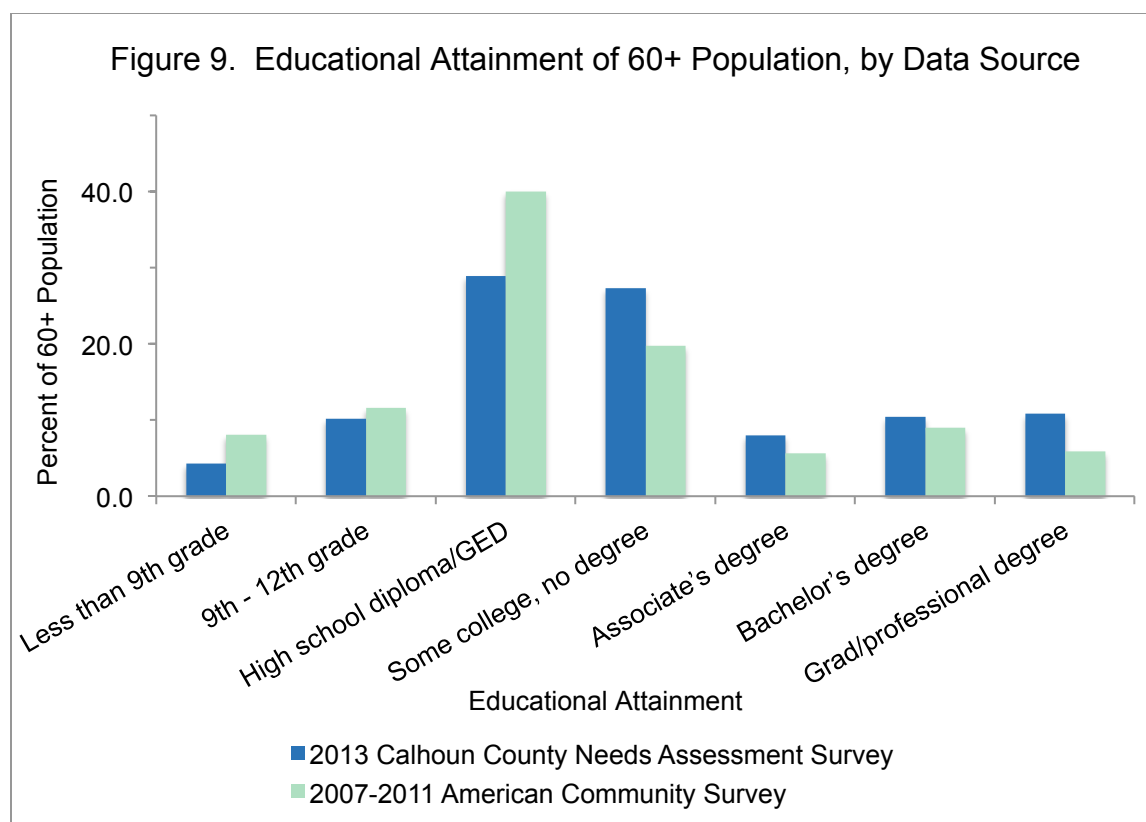


The next two graphs compare our survey respondents to Census and ACS data on income and education. Here we note once again a very similar distribution, with a few notable but minor exceptions and one major exception, which arises in Figure 8. The income distribution of our sample seems skewed in the lower direction, except in the lowest category. The highest category, however, shows significant difference; only about 26% of our sample reports monthly household income of over \$3,400 (annual income of over \$40,800), compared to over 48% in the ACS estimates reporting family income. There may be several explanations for this difference. The first may be that respondents were confused about or unaware of household income, which is what the question asked, and reported family or personal income instead. In some ways, the

distribution we found mimics the distribution of personal income moreso than household income. The second may be that people in the highest income category were more likely to leave the item blank (244 respondents or over 11% of our sample did not answer the income question). The third may be that higher income people were more likely to fail to respond to a needs assessment survey at all. Whatever the case, income is notoriously difficult to measure reliably on a self-administered survey, and respondents are notoriously reluctant to respond to income questions, and so we can normally expect a higher rate of error in measures of this kind. As with the difference in gender and race distribution, interpretations involving absolute levels of income should be made with caution.

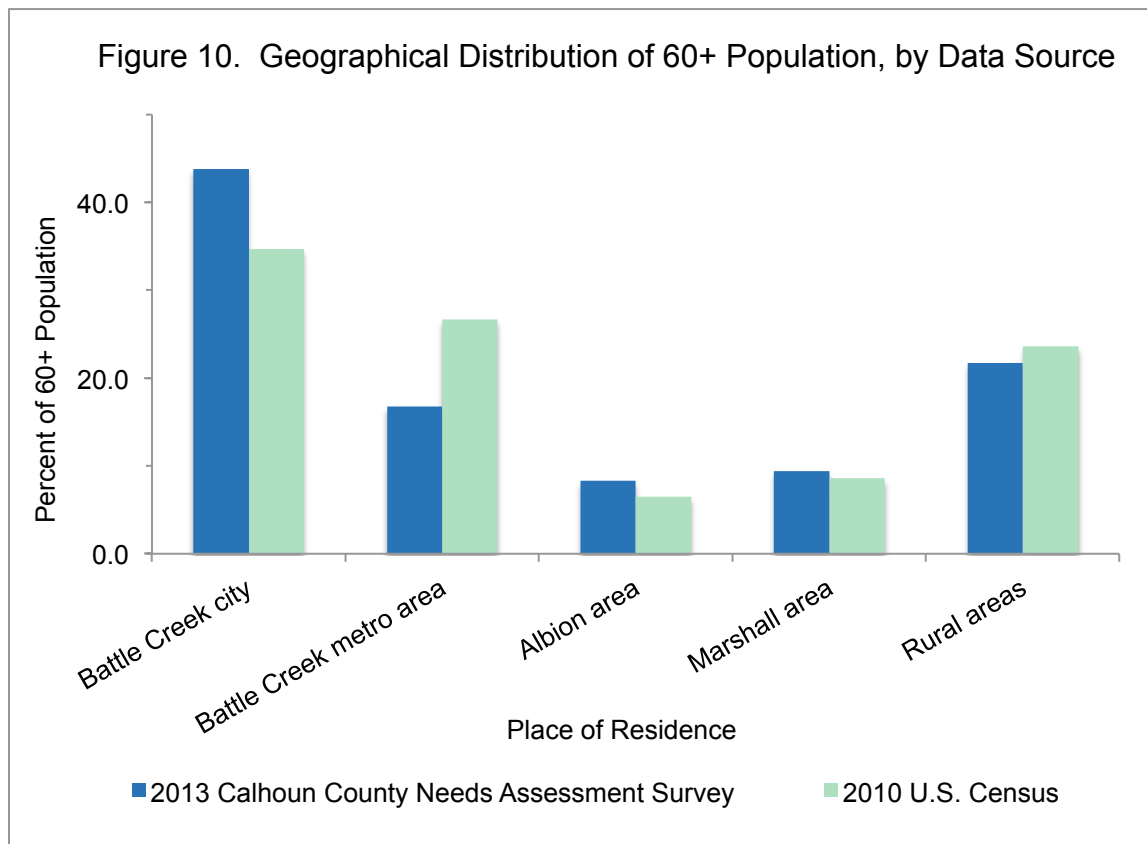


Similarly, Figure 9 suggests a mild skewing of our sample toward a higher level of educational attainment than the population data would suggest, but of course, people with higher levels of education find completing and submitting such surveys easier than people with lower levels of education, and are therefore more likely to do so. The differences are not cause for concern.



Finally, we examined the geographical distribution of our sample, and found that it too mirrors the known population data fairly well, with some minor deviations. The data suggests that we may have a slightly higher response from Battle Creek residents, and a slightly lower response from Bedford, Emmett, and Pennfield Township residents, and perhaps from Springfield city residents as well. Table 7 in Appendix I shows these numbers. For greater ease of analysis, we have aggregated the geographical areas into groups based on geographic and population characteristics: Battle Creek city, Battle Creek metro area (Bedford, Emmett, and Pennfield Townships and Springfield city), Albion area, Marshall area, and rural areas. The aggregated numbers are shown in Table 7a, and displayed in Figure 10 below. When aggregating the Battle Creek metro areas, the difference in response between Battle Creek and its surrounding areas becomes fairly clear and may or may not be attributable to random error, or to systematic bias arising from differences in socioeconomic status, similar to the distributional skew away from higher incomes shown in Figure 8. Higher income people may be less motivated to respond to a survey about public services for the support of

seniors, merely because of their perceived lower likelihood of ever being recipients of those services.

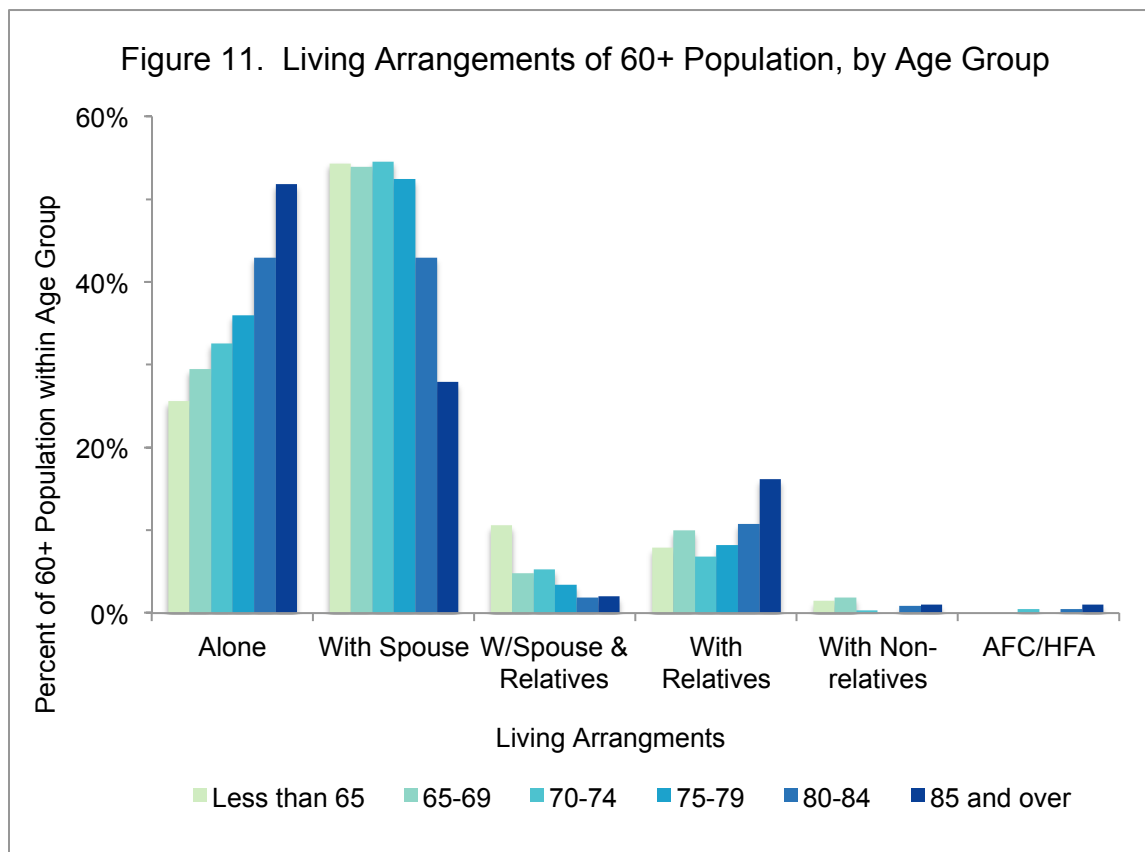


In summary, there are a few notable yet minor differences between our sample and the population as measured by the U.S. Census Bureau. In terms of gender, income, and geography, our sample is somewhat more female, with fewer people in the highest income range, fewer residents of the area surrounding Battle Creek, and more residents of the city itself. However, in every other important way, the demographic distribution of our survey sample mirrors that of the older population of Calhoun County. We are confident that our survey is representative of adults age 60 and above who reside in the county and who may be eligible for services offered through the Calhoun County Office of Senior Services and the Region 3B Area Agency on Aging.

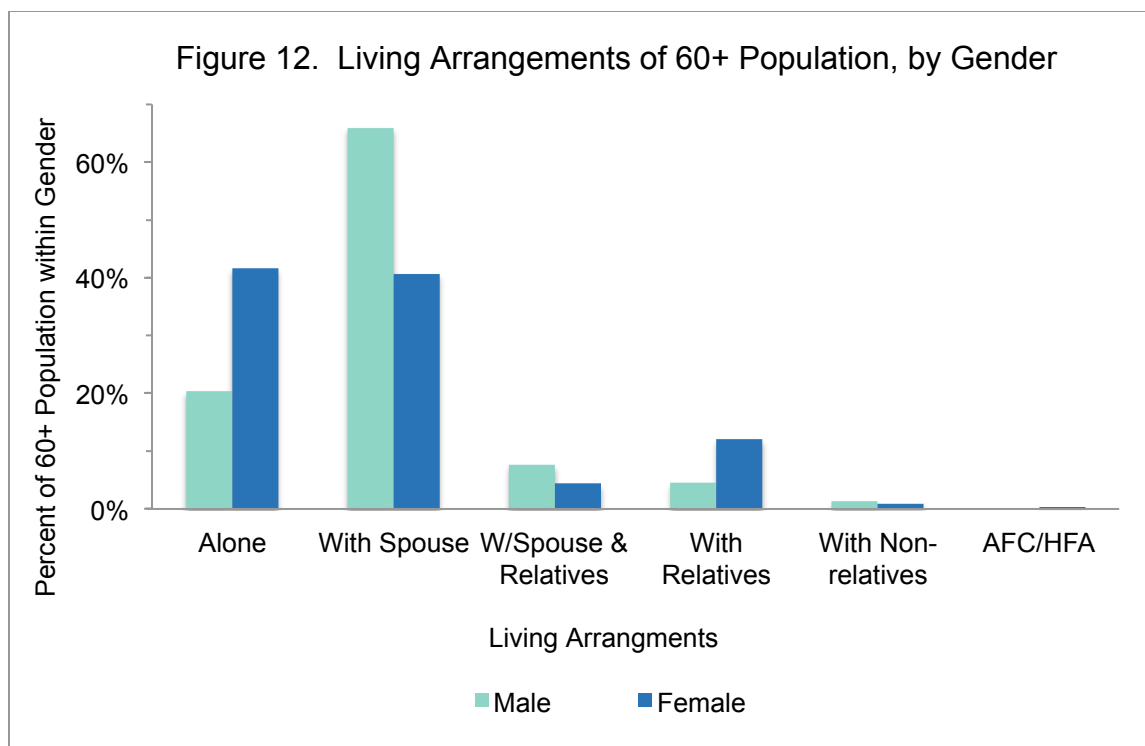
Residence, Housing, Living Arrangements

About one-third of adults age 60 and over in Calhoun County live alone, and more than half live with one other person, the vast majority of them spouses (Tables 8 and 9,

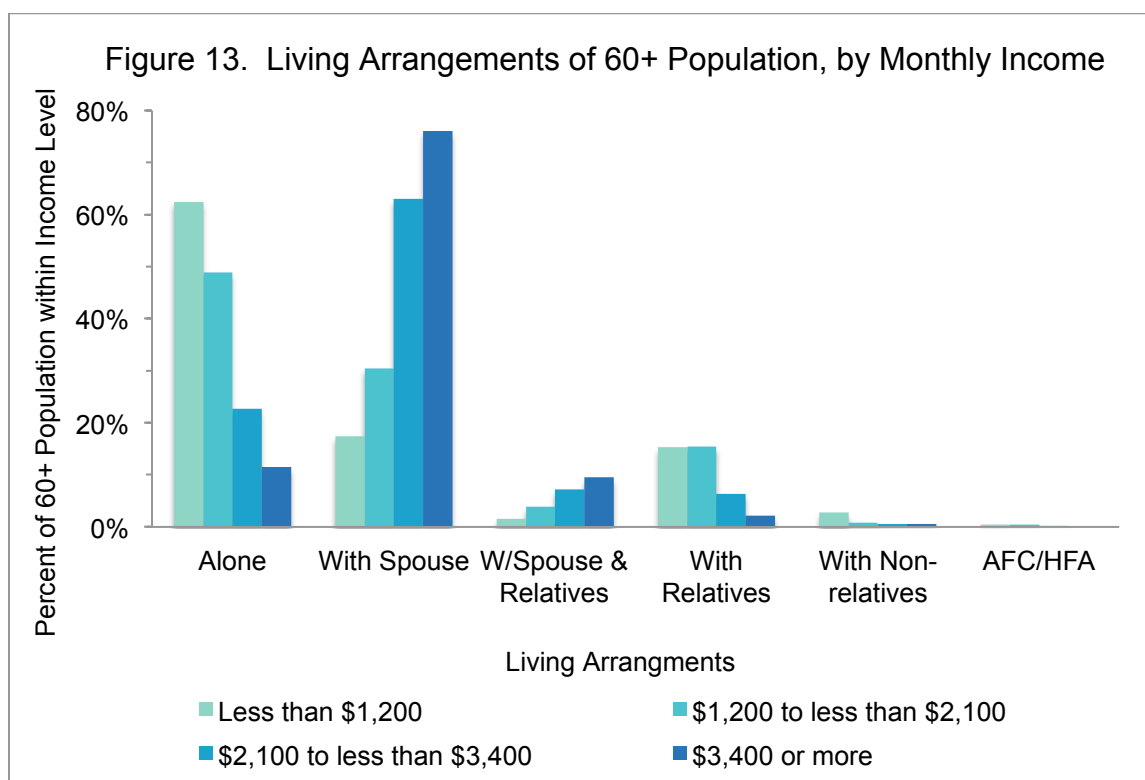
Appendix I). Those who live alone may be more likely to experience adverse emotional, mental, and physical health events; living alone has been identified as a potential “red flag” for increased risk of depression, falling, and malnutrition, among others. There is, as one may expect, a significant relationship between living arrangements and age, as shown in Table 9a and Figure 11. The proportion of individuals living alone rises steeply with age, doubling between the youngest and oldest age groups and surpassing 50% by age 85 and over.



Likewise, women at all ages within the older population are twice as likely to live alone as men (Table 9b in Appendix I and Figure 12). Residents of the rural areas and suburban Battle Creek are less likely to live alone than those in the city or the Marshall and Albion areas (Table 9c).



And Calhoun seniors with lower incomes are much more likely to live alone than those with higher incomes (Table 9d and Figure 13 below).

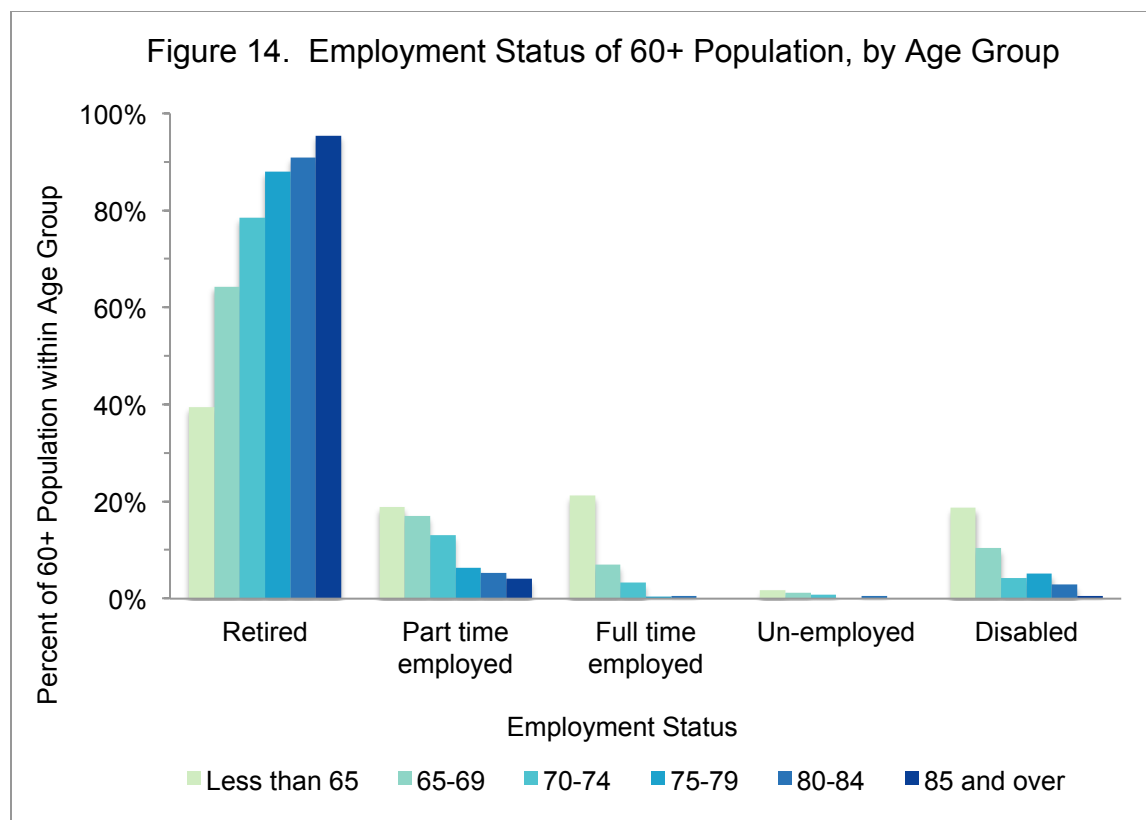


Tables 10 through 15 in Appendix I show other aspects of housing such as length of residence, housing type, condition of home, housing tenure, affordability, and intentions to move. Nearly half of all older Calhoun residents have lived in their current housing for more than 20 years. About three-quarters live in single family homes. Only 16% rate the quality of their housing as fair or poor, compared to 84% who rate it good or excellent. Nearly one-third, or about 31%, are mortgage-holders, compared to over 47% who own their homes outright and nearly one in five who rent. However, as Table 13a shows, those who rent are also dramatically more likely to live alone, about three times more likely than homeowners.

In Table 14, we see that about 44% of older county residents report being able to comfortably afford their housing, and another 45% report being able to afford their housing with adjustments to their budget. About 11% of our survey respondents report that they have trouble affording their housing no matter how carefully they budget. Table 15 shows the reasons respondents listed for intending to move residence or having recently moved. Nearly 3 in 4 have no plans to move, but of those who do, most named less upkeep as a reason, followed by needing a place with no stairs to climb, that is more affordable, and closer to family and friends.

Employment and Income

The next six tables in Appendix I show the employment and income characteristics of survey respondents, as well as SNAP participation and their support of other family members. According to Table 16, about 70% of respondents are fully retired, while almost 13% work part time and 7.5% work full time. Nearly 9% label themselves as disabled, and the remaining less than 1% consider themselves unemployed. As shown in the Table 16a and Figure 14, and as one would expect, employment status has a significant age component. Full time employment drops precipitously after age 65, but part time employment only falls off gradually.



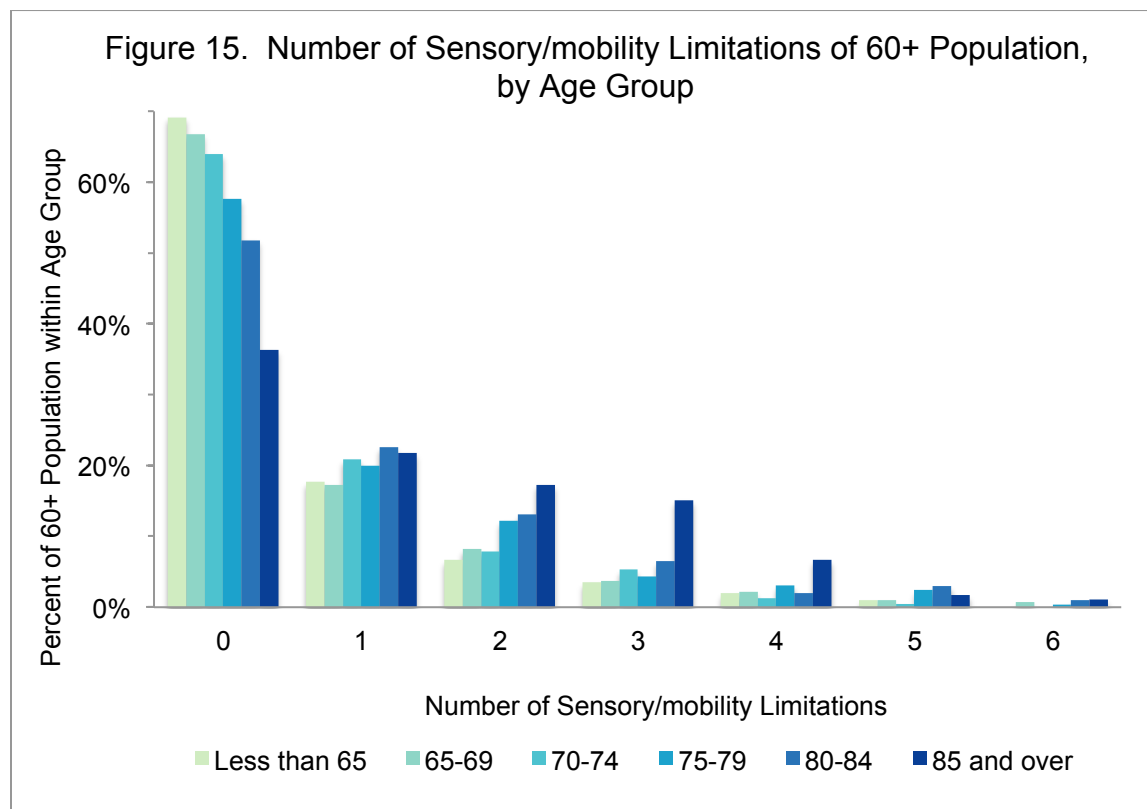
The source of income most reported by respondents is Social Security, which is received by over 82%. Almost 49% receive income in the form of pensions, annuities, or rents, and nearly 20% get their income from wages, salaries, or self-employment. About 17% receive income from interest and dividends, and almost 8% receive disability benefits. The typical respondent receives income from two sources, although over 15% report three or more sources of income, and fully 39.4% report only one source of income. Approximately 13% of respondents report receiving SNAP or food stamps, and nearly that many report financially supporting adult children or grandchildren (Tables 17-20, Appendix I).

Transportation, Mobility, Sensory Limitations

As shown in Tables 21 and 22 in Appendix I, nearly 86% of respondents report being able to drive, and only 14% do not. Likewise, well over 83% report driving themselves when they need to get somewhere. More than 25% report having someone else drive them, while only between 3 and 4% report using public or senior transportation. Overall, as Table 23 demonstrates, almost 92% of respondents report that they don't have

problems getting to where they want to go. Most of the small number who do have transportation difficulties report that public transportation does not meet their needs, that they are unaware of public transportation options or who to contact for transportation, or that they don't have anyone available to drive them.

The next two tables deal with sensory or mobility limitations. The most frequent such challenge reported is serious difficulty walking or climbing stairs, by over 26% of respondents. This is followed by hearing loss at over 17%, difficulty running errands without assistance at 12.4%, and difficulty with memory and decision-making at just under 12%. Nearly 7% report vision loss, and 5.4% report serious difficulty dressing or bathing (Table 24). About 61% of respondents report no such limitations at all. The relationship between the number of sensory or mobility limitations and age is clear, as Figure 15 shows. The proportion of those with no limitations is highest in the youngest age group, almost 70%, and drops increasingly with age, until reaching only about 36% with no limitations in the oldest group, those age 85 and over.



Health Insurance and Health Management

One particularly encouraging result of the survey is that only about 2.2% to 2.8% of respondents report being without health insurance (Tables 26 through 27, Appendix I). Most report receiving Medicare, 68.3%, followed by employer- or union-sponsored healthcare benefits at 47.6%, insurance purchased out-of-pocket (much of which we surmise to be Medigap insurance) at 19.6%, and Medicaid at 10%, with 5.3% reporting military-based health coverage. The vast majority of respondents report having one or two sources of health insurance (43.9% and 51.2%, respectively). Table 26a shows the distribution of those who report having no health insurance by age group. While less than 1% of those age 65 and over have no health insurance, fully 8.2% of those under age 65 report being uninsured. A closer examination of the numbers reveals the fact that of those who report being uninsured, over 79% are under age 65.

Tables 28 and 29 in Appendix I show levels of participation in area health management programs. Over 26% of older adults in Calhoun County have participated in some kind of health management program over the preceding year. Most report participating in a program to address a chronic health condition such as high blood pressure (46.7%), diabetes (39.2%), or arthritis (26.2%).

Health Care Utilization

In asking about health care utilization in our population survey, we focused on the types of health care that are often needed by older adults that are not typically covered by Medicare or other conventional types of health insurance. Tables 30 through 35 show the results of questions about dental, vision, and hearing care that respondents felt they needed but did not pursue. About 23% report not pursuing needed dental care, almost 19% report not pursuing needed vision care, and over 15% report not pursuing needed hearing care. The vast majority in each of these cases report that they did not see a dentist, eye doctor, or audiologist because such a visit was not covered by insurance, or because they could not afford to pay for a visit out of pocket. See the Appendix I tables for more detail. For the same reason that the youngest of the older adult population are least likely to have health insurance, the youngest are also most likely to report avoiding

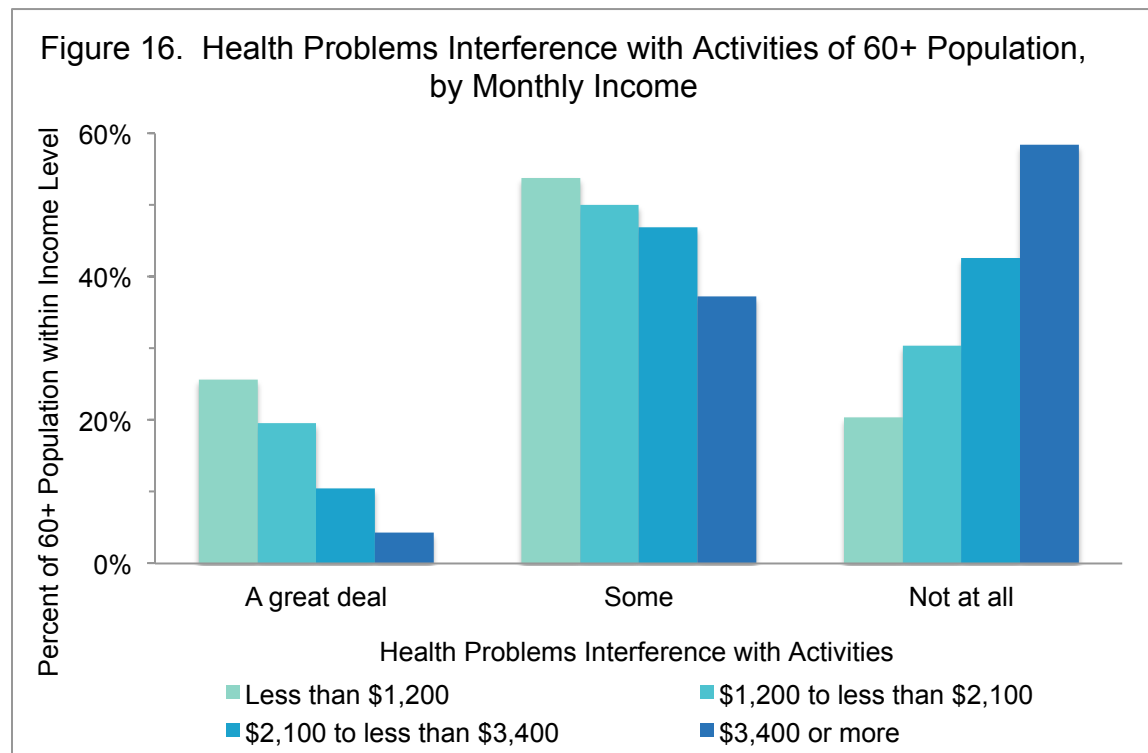
going to the dentist despite the need for dental care. In fact, the relationship between avoiding the dentist and age is monotonic and negative, as Table 30a shows; those under age 65 report avoiding a needed dental visit 26.7% of the time, compared to only 13.8% of those age 85 and older.

Finally, as Table 36 shows, the great majority of survey respondents receive health care services at a physician's office, nearly 92%, compared to around 18% who use an emergency room or hospital, over 8% who use an urgent care facility, nearly 5% who use a VA medical center or clinic, and 3.6% who report using a public health clinic.

Self-Rated Health and Activity

The survey asked three questions about self-rated personal health and activity levels and whether health problems interfere with valued activities. Results are shown in Tables 37 through 39. A plurality of respondents rate their own health and activity levels about average when compared to other people their age (about 41% and 44%, respectively), and more rate themselves above average than below average in health and activity level. There is no significant relationship between age or gender and these measurements of health and activity levels. However, there is a socioeconomic relationship, as Tables 37a, 38a, and 39a of Appendix I show. For example, individuals in the lowest income category are more than twice as likely as older adults in general to report that their health is much worse than average, and only about half as likely to report their health is much better than average (Table 37a). The same table shows that older adults in the highest income category are half as likely to report much worse than average health, but almost twice as likely to report much better than average health. Similar relationships can be seen with regards to self-reports of activity levels, shown in Table 38a. This relationship may be easiest to see in a closer examination of the last question in this group, which asked, "How much do health problems prevent you from doing the things you want to do?" Overall, about 39.4% answer "not at all," 46.2% answer "some," and 14.4% answer "a great deal" (Table 39, Appendix I). When broken down by income category, we see some clear differences, as demonstrated in Table 39a and Figure 16 below. For older adults in Calhoun County, the degree to which their health problems prevent them from engaging in valued activities is largely a function of

income; the lower one's income, the more likely one's health problems are to limit activities.



Social Support and Engagement

The next 8 tables in Appendix I show the level of social support and engagement reported, including computer and e-mail access (Tables 40 through 47). Only 7.5% of respondents report not talking or visiting with family members on a regular basis. Nearly 82% report having family members living nearby that they can call upon for help. About 22% of respondents report that they do not socialize with friends or neighbors on a regular basis, but almost 79% report having friends nearby who they can call upon for help. Further analysis (not shown) reveals that nearly 94% have someone, either a friend or family member, who they can call upon for help, and only about 6% has nobody to rely upon for help if needed.

In Table 44, we see that the majority of the older adult population, about 55%, belongs to a social club, community organization, or church group. Table 45 shows that almost a third, 32.3%, report engaging in volunteer work. The following two tables show that

almost two-thirds, or about 64%, have access to a computer, and nearly 54% have an email account.

Finally, Table 48 displays the marital status of respondents, with 47.6% reporting being married. As we reported earlier in our discussion of living arrangements, those who are married are more likely to be younger, higher income, and more male. Lower income older women are most likely to be single and therefore to lack the support and assistance of a spouse.

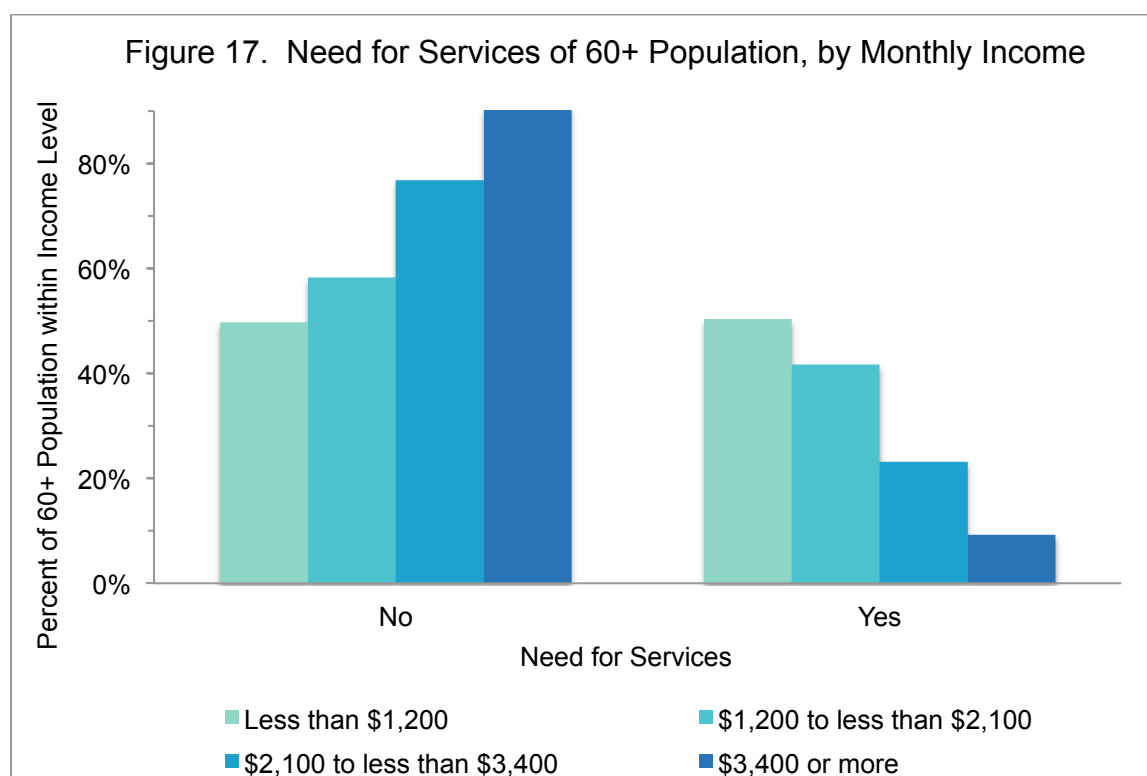
Service Awareness, Use, and Need

In Tables 50 through 55 of Appendix I, the data gathered through the large matrix of service awareness, use, and need are displayed in several ways. Tables 50-52 show the number of times respondents reported hearing about, using, or needing services. Table 53 condenses the data from the services needed question by clustering respondents into five groups according to level of reported need: Zero, low (1 need), medium (2-3 needs), high (4-7 needs), and very high (8 or more needs). Another potentially useful measure, due to the lopsided distribution of responses to the needs matrix, is one that merely categorizes respondents dichotomously, based upon whether they reported zero needs or any needs at all. That measure is employed in the final set of tables.

Tables 54 and 55 rank the services used and needed by the number of respondents reporting that they used or needed each service. As Table 55 shows, nearly one-third of respondents who reported a need chose dental, home repair, and vision as the services they most need. Table 55a shows the same ranking broken out by geographical area. The top seven service need counts are highlighted (Battle Creek and the BC Area have more than seven services highlighted due to multiple services being tied for seventh place). Clearly there are no strong geographical differences in the pattern of service needs reported; residents in all areas report dental, home repair, and vision services as their top needs. Residents of Marshall may be somewhat more likely to report needing chore or caregiver support services and less likely to report needing utility assistance. Residents of Albion may be somewhat more likely to report needing senior center

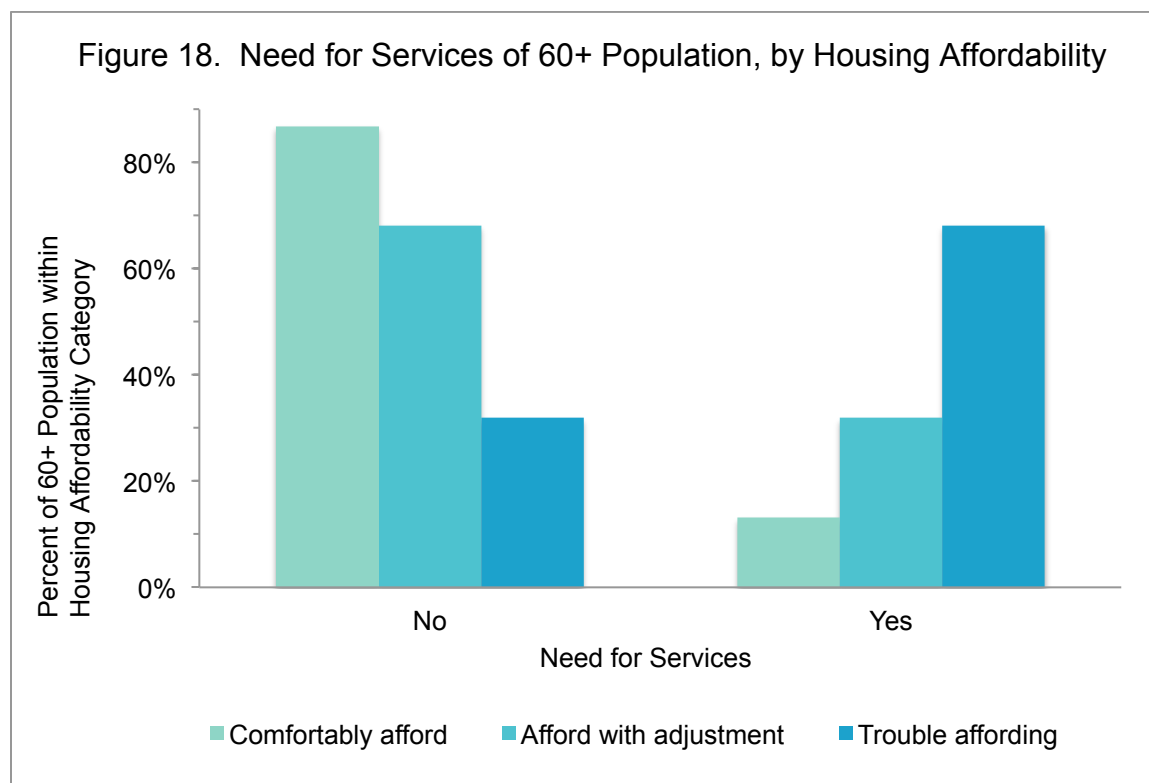
activities and transportation services. However, overall patterns of service needs do not appear to vary significantly by geography.

The final set of tables, Tables 56 through 69, show need for services expressed as a dichotomy—no need for services vs. some need for services reported—crosstabulated by various demographics and other criteria. These tables show differences in service needs by race, income, age, gender, marital status, education, housing tenure, living arrangements, housing affordability, whether the respondent drives, interference in activities by health problems, self-rated health and activity level, and geographical area of residence, according to whether or not the respondent reported needing any services. We conducted these analyses in an attempt to uncover relationships that may inform the identification and targeting of older individuals with services needs in Calhoun County. We found that those with service needs do not differ significantly from those with no need for services by race or by age group. However, likelihood of reporting a service need is related to various measures of socioeconomic status and health. For example, let us examine need for services by our four-category income measure. This relationship is displayed in Table 57a of Appendix I and in Figure 17.



The table and the figure both show that need for services is greatest, about 50%, at the lowest level of income, and decreases in a monotonic fashion as income increases. For those at the highest level of income, \$3,400 per month or more, reported need for services is less than 10%. This means that proportionally 5 times as many people in the lowest income category report needing services compared to those in the highest category.

Another way of looking at service needs by socioeconomic status is to focus on the housing affordability measure, shown in Figure 18.



Similar relationships can be seen for other measures of socioeconomic status, living arrangements, marital status, and ability to drive. We will not belabor the point by including graphs of each—they can be seen in the tables. Essentially, the fewer resources available to older adults in Calhoun County, be they financial or social, the greater the need for supportive services. The same is true for health in general; the worse one's health, the greater the need for services.

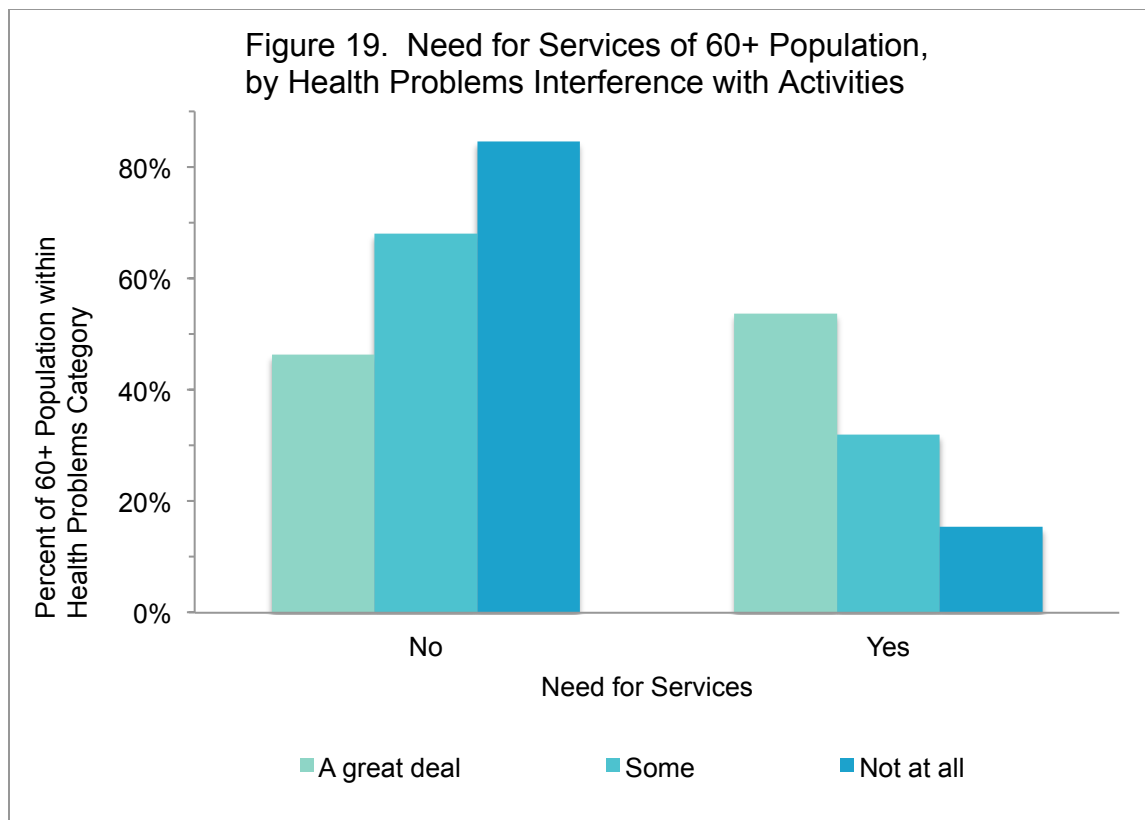


Figure 19 illustrates this point with the measure of health problems' interference with valued activities. It shows that the greater the degree to which respondents report that health problems interfere with the things they'd like to do, the greater the service needs they tend to report.

Conclusion

This needs assessment has been wide-ranging and exhaustive, and different data collection methods have led to some different, although not necessarily contradictory, observations. The previous pages have discussed those observations in detail; the task now is to refocus and identify the overarching themes they contain. As we step back from the small details, what are the major themes that come into view?

Heterogeneity of the older adult population is a theme that underlies many of our observations of the data. Calhoun County seniors are among the poorest, and the wealthiest, of county residents. Some are in excellent health, and some are in very poor health. Some are engaged and active within their communities, and some are isolated and lonely. Some live in dense urban areas, and some live in sparsely populated rural areas. Some need supportive services and others do not, and those that do sometimes need a very different mix of services. It is impossible to recommend with any certainty the particular services that should be enhanced or developed that would most benefit the community as a whole, because one size does not, indeed, fit all.

One important thing we have learned from the stakeholders survey, the client focus groups, and the population survey is that OSS and AAA are already doing an admirable job of serving the community with the limited resources they have. There is room for improvement, of course, and we will be engaging both organizations with a strategic planning effort to help identify those areas and assist in the development of ideas for creative, efficient, and effective ways to make those improvements. However, while we were able to identify some gaps in services, weaknesses, and complaints, we found no major crises, no outrage or widespread distress, and no calls for a dramatic overhaul of the system. The changes that need to be made may require a shift in emphasis, incremental adjustments in budgets and programs, and new approaches to old problems, but they will not require the wholesale reconstruction of existing programs and services or a dramatic change in the way services are delivered. OSS, AAA, and their vendors are already doing well compared to many of their counterparts in other

places. The goal of this report and the subsequent strategic planning efforts is to help them to do better.

Another major theme that emerged falls under the umbrella of communication. Reflecting upon the results, it becomes clear that the issues that most arose during the stakeholders survey and the focus groups regarding the way that senior services are delivered in Calhoun County were related to communication. The communication concerns that were articulated fell into three basic categories: Communication between organizations in the aging network, communication between the aging network and other community based organizations, and communication between the aging network and the public.

Many of the participants in those two data collection efforts felt that more could be done to encourage communication and coordination on an organizational level between the organizations that fund and deliver senior services. The stakeholders, in particular, stressed the importance of data sharing and service coordination to make the most efficient use of resources by preventing duplication of services and administrative efforts. The clients suggested that the people who answer the telephones and work with clients on intake, case management, and information and referral at all organizations—not just OSS and AAA, but service providers as well—need to be more aware of network-wide resources, including the programs and services that other aging network organizations offer, and not just the resources and services offered by their own organizations.

Likewise, stakeholder survey respondents and focus group participants both stressed the need for building partnerships between aging network organizations and other types of community based organizations. These may include churches and other communities of faith, fraternal or service clubs, or any other groups to which people already belong outside of the aging network. They may even include private for-profit businesses such as coffee shops, diners, restaurants, and other establishments where older adults tend to congregate. Opening lines of communication and building more formal relationships between OSS, AAA, and other community entities may better enable the identification of at-risk seniors in the population, provide additional channels

for outreach and public education, and even open opportunities for shared programming by leveraging existing community assets, particularly in low density rural areas that are currently perceived as being underserved.

The final dimension of the communication theme is that of public education, outreach, and awareness about aging services in Calhoun County. We heard repeatedly from focus group participants that they and their peers were unaware of the range of aging services available, and even for those services they knew about, were unaware of the eligibility requirements that needed to be met and the process that needed to be followed to receive services. Several of the same types of concerns were expressed by those within the aging services network too, as reflected in the stakeholder survey responses. In the face of these concerns, it seems that perhaps a review of the outreach material and methods used by the aging network is probably warranted.

Another theme that is clear in all the data, but particularly the public survey data, is the theme of health, along a few different dimensions. One is the dimension of health insurance, and while the vast majority of Calhoun seniors have some type of coverage, there are some notable gaps. The first gap affects the “near-seniors”, or those age 60 to 64, who are too young to qualify for Medicare. The number of older adults without coverage is small, but the majority of them are in this younger group.

Even those with basic insurance find that certain types of health care, notably dental, vision, and hearing care, are not adequately covered. With dental in particular, a large number of older adults lack coverage and therefore do not get needed treatment. In this area, Calhoun County has an exceptional infrastructure and established programs for providing dental care to those who cannot afford to pay privately, so existing community assets may be leveraged to better serve the older population.

A final dimension of health is that the term itself can refer narrowly to the physical and mental conditions of individuals, but it can also take on a much more broad, holistic character to include financial and social health as well. Those at greatest risk for threats to their narrowly-defined “health” are also very frequently at risk in terms of their ability to support themselves adequately and to experience the social interaction and

support they need to find meaning in their lives and to avoid isolation and loneliness. The data show that people who are “sick” in any one area of health face a higher likelihood of being “sick” in others. Those who report the worst physical health also are those who report financial difficulty, problems with transportation, personal mobility, and self-care, lack of interaction with others, inability to rely upon family or friends for help, lower levels of activity, and greater need for services.

The desire to age in place, and to have the supports necessary to enable aging in place, was another major theme that permeates all the data. The idea of being “in place” alludes to multiple factors: Staying in one’s home, preserving one’s independence while protecting one’s safety, being able to get around within one’s community, and maintaining meaningful social ties and interactions through various modes of community engagement. And of course, most of the programs and services offered through OSS and AAA are designed to support aging in place, and that is a good thing. Reevaluating these programs and services in light of stagnant funding and a growing older population is a wise thing to do, however, and future strategic planning sessions will involve deep discussion about the proper mix of such programs and services that the senior millage should support to maximize effectiveness, make good use of resources, and help preserve the quality of life for the most Calhoun seniors.

The urban/rural divide is a theme that arises in various forms throughout the data, but almost exclusively from clients living in rural areas or stakeholders serving rural populations. Those in urban settings do not seem to perceive much of an issue because they do not face the same barriers, but those in rural settings see themselves as forgotten, or neglected, or not counting as much as urban seniors. This, of course, is understandable from both inside and outside perspectives. The fact is that many services and programs that are relatively easily accessible to those in Battle Creek are much more difficult to get to for those in the outlying townships and villages.

Furthermore, those who live in sparsely populated areas are often confronted with their distance from others—they may see a long road, empty of neighbors, each time they pick up their mail that only serves to highlight their isolation. And from the provider’s perspective, it is much easier and more cost effective to serve those in more densely

populated areas than it is to serve those in the more sparsely populated areas. The question is, how does Calhoun County reconcile the needs of its older rural population with its mandate to be good stewards of the public money collected through the senior millage?

In short, Calhoun seniors are diverse and fairly well served, but they could benefit from better information, better collaboration by the organizations that serve them, more effectively targeted support to maintain their health in the broadest sense of the term, and a creative approach to serving the needs of those living in more rural areas. Certainly the mix of programs and services offered through OSS and AAA should be considered and rebalanced to better meet existing needs. But a careful consideration must also be given to existing community assets that, through a process of partnership and collaboration, can be mobilized to help serve those age 60 and over in Calhoun County. We look forward to the next phase of this project, the strategic planning phase with the SMAC, in which discussions over these approaches and specific ideas for service improvements can be held. Our hope is that this report serves well to inform those discussions.

Appendices

Appendix A. Stakeholder Survey

Calhoun County Senior Service Stakeholder Survey

The Calhoun County Office of Senior Services and the Region 3B Area Agency on Aging, with assistance from the Institute of Gerontology at Wayne State University, are conducting a community needs assessment to help us determine the most effective and efficient use of senior millage and area agency funds.

As a stakeholder in the Calhoun County aging services network, we have invited you to help us by providing your input. We need your guidance as we begin making important decisions that will affect Calhoun County seniors for the next several years. This survey is intended to identify the service needs of Calhoun's older adult residents from the perspective of service providers and community leaders, and should take no more than 10 or 15 minutes of your time to complete. Your input is critical to help best serve older adults in Calhoun County, so please complete the survey as best you can, and feel free to add whatever comments you may have.

If you have any questions about this survey, please contact the Calhoun County Office of Senior Services at 269-781-6846 or Region 3B Area Agency on Aging at 269-441-0976. Thank you very much for taking the time to respond to this important request.

Calhoun County Senior Service Stakeholder Survey

*1. Is your organization:

- ☐ Not for profit
- ☐ For profit
- ☐ Public sector
- ☐ Other (please specify)

*2. Which category best describes your organization?

- ☐ Social Service
- ☐ Senior Center
- ☐ Health Care
- ☐ Housing
- ☐ Home Health
- ☐ Faith Based
- ☐ Transportation
- ☐ Government
- ☐ Other (please specify)

*3. Which of the following best describes the population you serve?

- ☐ We serve only seniors
- ☐ We serve mostly seniors
- ☐ We serve seniors along with people of other ages
- ☐ We serve some seniors, but mostly others
- ☐ We only serve a few seniors
- ☐ We don't serve any seniors
- ☐ Not applicable; we don't provide services
- ☐ Other (please specify)

Calhoun County Senior Service Stakeholder Survey

4. Tell us about the services your organization provides to Calhoun County adults age 60 and older, services that are requested by Calhoun seniors but that your organization does not provide, and those for which you have a wait list including Calhoun seniors. Please check all that apply:

	Our organization provides this service	Our organization has requests for this service but we are unable to provide	Our organization has a wait list for this service
Adult day services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congregate meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Durable medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse/neglect information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise and wellness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraud prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship/conservatorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care options/information/assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/utility payment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home repair services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice/palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing options/assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Calhoun County Senior Service Stakeholder Survey

Job training/re-training/re-entering workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare/Medicaid assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money management assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal emergency response system (Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan B (Insurance for the uninsured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drug assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior center activities and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax preparation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer placement/opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

Calhoun County Senior Service Stakeholder Survey

5. In your opinion, what are 5 greatest unmet service needs of those age 60 and older in Calhoun County?

	Greatest Need	2nd Greatest Need	3rd Greatest Need	4th Greatest Need	5th Greatest Need
Adult day services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chore services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Congregate meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durable medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder abuse/neglect information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise and wellness programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fraud prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardianship/conservatorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care options/information/assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating/utility payment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home modifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home repair services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homemaker services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice/palliative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing options/assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training/re-training/re-entering workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 5

Calhoun County Senior Service Stakeholder Survey

Long term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare/Medicaid assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor home repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money management assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal emergency response system (Lifeline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan B (insurance for the uninsured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respite services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior center activities and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tax preparation assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer placement/opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Calhoun County Senior Service Stakeholder Survey

6. Please identify the top 5 greatest challenges or barriers that your organization faces in serving older adults in Calhoun County:

	Greatest Challenge or Barrier	2nd Greatest Challenge or Barrier	3rd Greatest Challenge or Barrier	4th Greatest Challenge or Barrier	5th Greatest Challenge or Barrier
Insufficient funding for your program/service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of public awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults' lack of transportation to access your service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older adults' lack of income to access your service(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictive eligibility requirements for public programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruiting and retaining quality staff/workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting ethnic, cultural, and language needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service provider not available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regulatory/bureaucratic barriers that inhibit service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

7. As the Baby Boom generation ages, Calhoun County's older adult population is expected to grow significantly over the coming decades. At the same time, funding for senior services is not expected to grow at all. With this in mind, what advice would you offer regarding the provision and prioritization of services by the Office of Senior Services and the Area Agency on Aging as we plan for the future?

Calhoun County Senior Service Stakeholder Survey

8. Please share any other comments or suggestions you may have regarding services for older adults in Calhoun County:



Appendix B. Focus Group Discussion Guide



Focus Group Discussion Guide

[Greeting, about 4 minutes]

[Moderator] Good *[morning/afternoon]*, my name is *[moderator's name]*. Thank you for joining us today. I am a volunteer helping the Calhoun County Senior Millage and the Area Agency on Aging with what is called a community needs assessment. The focus of this effort is to learn how to best serve our growing senior population. That is why we're interested in talking to you today. We want to find out from you about the services currently provided for seniors in Calhoun County, as well as what services are needed but not currently funded or available.

We will also look to the future and talk about what you as older adults may need at some point later to help you maintain a sense of safety, security, independence, health and satisfaction. We are specifically looking at services and programs that will help you continue for as long as you chose to live in your own home, the home of a loved one, or in another community setting.

The possibilities are endless, so please be creative and don't hesitate to tell us what's on your mind. Your input will be used to improve existing programs and develop new programs and services.

We have provided you with a sheet that outlines some guidelines and expectations for today's discussion. It will help insure the group runs

smoothly and provides the most useful and accurate information. I will give you a minute to review this handout if you have not done so already.

I'd like to introduce Jamie Gibson who will be our recorder for today.

[Recorder] Hello, my name is Jamie and I will be helping out today by recording our discussion and taking notes. I simply can't write fast enough to jot down all of your comments, so we record these sessions to help us remember what you say and make sure that we don't miss anything important. The recording helps us capture what you tell us in your own words rather than relying on my notes. Your comments will be kept confidential; nothing that is said or written down will be associated with your name or any other identifying information when our results are compiled and reported.

[Moderator] Are there any questions on ground rules or the group's purpose?

[Survey and Informed Consent, about 4 minutes]

Before we begin, we need to ask you to sign an informed consent form and complete a very brief survey. Some of you have already done this, thank you. If you have not done so, please take a minute to fill out the survey and carefully read and sign the consent form. The purpose of the survey is to give us a general idea about the characteristics of those who are here today. The purpose of the consent form is to assure us that you understand your rights as a participant in this group.

[Introductions, about 6 minutes]

Thank you. Let's begin by introducing ourselves. Please tell us your first name and where you live. I'll begin . . .

[Questions, about 12 minutes each]

Now, I will start the discussion and keep it going by asking a series of questions to the group. I hope that everyone will feel free to respond and share your opinions at any time.

1) People sometimes have more difficulty with day-to-day activities as they grow older, activities that they may need or want to do. For example, they may find it increasingly challenging to perform everyday chores like cooking or cleaning. They may need help with bathing, dressing, managing their medications, or paying bills. Isolation is also a possibility as people may no longer drive or participate in activities they did when younger.

Can you share with us the challenges you may face now or in the future in terms of your safety and security in your home, living independently in your home or the community, and maintaining your health and well-being?

[Probes]

- Would you explain further?
- Can you tell us more about that?
- Please describe what you mean.
- Does anyone have a different experience?

***[Recorder should write these on flip board, with “Challenges” at top and enough room to allow for the sticker voting exercise.]*

2) Keeping in mind the challenges we listed for the previous question, I’d like you to think about how we can better help older adults overcome or address these challenges. Let’s start with the services that are currently offered for seniors in Calhoun County.

Which of the services that you know about are most important to help you or other people your age maintain your independence, health, and well being?**

[Probes]

- Would you elaborate on that?
- Can you give me an example of what you mean?
- Are there any other useful services you can think of?

- Are there any other ideas?

***[Recorder should write these on flip board, with “Existing Services” at top and enough room to allow for the sticker voting exercise.]*

3) With our attention still on the services that are currently available, I’d like you to tell me how you think those services could be improved and how they could be different from the way they are now?

[Probes]

- If you have ever received any of these kinds of services, what was it about your experience that made you satisfied or dissatisfied?
- What could local agencies do to improve the services they offer to seniors?
- Is there anything else regarding the improvement of existing services you think may help?

****[Recorder should write these on flip board, with “Service Improvements” at top and enough room to allow for the sticker voting exercise.]*

[Break, about 10 minutes]

This is a good time to stand up and stretch our legs for a moment. While we’re doing that, we’re going to ask you to help us prioritize the ideas we’ve discussed so far. Jamie has made lists of challenges, existing services, and service improvements that you’ve mentioned and posted them up for us all to see. You have been given colored stickers in an envelope. We’d like you to go over to each one of the lists and vote on those things you think are most important by placing stickers next to them. You can see that the chart with “Challenges” at the top has a *[Blue]* sticker at the top. Please use your blue stickers to let us know which of these challenges are the most important for you. You may place each of your stickers by different items on the list or, if one item on a list is particularly important, you may place all five of your stickers by it. You may distribute your votes any way you wish as long as you only use five votes per list.

4) Now I will ask you to think about what kind of new services could help local seniors better maintain their independence, health, and well being. Can you think of services that aren't currently available or new services that could be developed to help older adults in our area? What new services for seniors would you suggest?

[Probes]

- How do you think a service like that would work?
- Can you give me an example of what you mean?
- Are there any other new services you can think of that would be useful?

****[Recorder should write these on flip board, with “New Services” at top and enough room to allow for the sticker voting exercise.]*

5) Let's turn our attention to the issue of availability and access to senior services. Have you ever had problems finding or arranging the help you need? Have you ever sought services from any local agency or organization that they were unable to deliver? Please tell us about your experience.

[Probes]

- What do you think was the source of the problem?
- How could we do a better job of getting the word out about services that are offered to seniors in this area?
- Is there anything else regarding service availability and access that you think we should know?

****[Recorder should write these on flip board, with “Availability and Access” at top and enough room to allow for the sticker voting exercise.]*

[At end of the discussion, recorder tears off sheets and sticks them to the wall]

[Conclusion and voting exercise, about 6 minutes]

We are coming to the end of our session today, and I would like to thank you all for coming and for your participation. You have given us many wonderful ideas and we appreciate your help. Before we go, I'd like to have you help us rank the new senior services that you identified in our discussion, as well as issues of availability and access to services. Please follow the same guidelines as in our first voting exercise: Five votes per list, distributed in any way you like to best indicate your priorities and what ideas you think are the most important.

We would like to thank you for your participation in our discussion today. You have provided a valuable service by helping to give seniors in Calhoun County a voice.

Thanks again for your participation!

[Pass out gift cards to each participant.]

Appendix C. Focus Group Facilitation Training Moderator Do's and Don'ts

		
Focus Group Facilitation Training Moderator Do's and Don'ts		

Moderator Do's

- ✓ Follow the discussion guide, as designed, in a consistent manner from group to group; use the same key questions in each session.
- ✓ Use a neutral, yet comfortable and inviting tone of voice and facial expressions.
- ✓ Ask questions to clarify participants' points and increase understanding of each point made by participants.
- ✓ Ensure that each participant contributes throughout the conversation.
- ✓ Give people time to think by using pauses whenever needed. Be comfortable with silences.
- ✓ Be respectful of all points of view and instruct those in the group to do the same. (Reminder: this is neither a debate nor an attempt to reach consensus on any issue.)
- ✓ Use plain language! Avoid the jargon and acronyms commonly used in the aging and social services networks.
- ✓ Keep the discussion moving to stay within the specified timeframe.
- ✓ End the focus group discussion on time.

Moderator Don'ts

- ✓ Don't try to guide the participants to your own conclusions.
- ✓ Don't share your own opinion or experiences.
- ✓ Don't dominate the conversation.
- ✓ Don't criticize or ridicule anyone's comments or allow anyone in the group to do so.
- ✓ Don't challenge the accuracy of participants' knowledge or views.
- ✓ Don't translate jargon or slang terms. (If someone asks what a term means, ask the individual using the term to explain what he or she means.)
- ✓ Don't interpret participants' comments for the group.
- ✓ Don't give answers to participants' questions.

Appendix D. Focus Group Informed Consent Form



Statement of Written Informed Consent

I agree to participate in this discussion group about services for senior citizens in Calhoun County. This discussion is being conducted by [organization name] with the assistance of the Institute of Gerontology at Wayne State University, and is being funded by the Calhoun County Office of Senior Services (OSS) and Region 3B Area Agency on Aging (AAA3B).

I understand that the purpose of the study is to have a small group discussion to talk about my experiences with, and opinions about, services for seniors in my area. We will discuss our positive and negative experiences associated with growing older, living independently as a senior citizen, and the services that are provided by organizations such as OSS, AAA3B, and other aging service agencies.

I understand the study involves a very brief survey and a discussion group that lasts about 90 minutes, and will be recorded.

I understand that my participation in this study is entirely voluntary. If I wish to withdraw from the study or to leave the room, I may do so at any time. I understand that whether or not I participate, or whatever comments I make during the discussion, will have no effect on the services I receive or may receive in the future or my relationship with OSS, AAA3B, or any other agency.

I understand that my name will not appear on any of the information or opinions I offer during our discussion. I understand that I will receive a gift card as thanks for my participation today, that I may not receive any other direct benefit from participating in the study, but that my participation may help others in the future.

The group moderator has offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information and I agree to take part in the study.

Name

Date

If you have concerns or questions, please contact Tom Jankowski at the Institute of Gerontology at Wayne State University at 313-664-2603

Appendix E. Focus Group Demographic Questionnaire



Focus Group Participant Questionnaire

1. What year were you born? _____

2. What is your gender? ☐ Male ☐ Female

3. Including yourself, how many people live in your household? _____

4. Compared to other people your age, how would you rate your health?

☐ Much worse than average ☐ Worse than average ☐ About average ☐ Better than average ☐ Much better than average

5. Compared to other people your age, how would you rate your activity level?

☐ Much lower than average ☐ Lower than average ☐ About average ☐ Higher than average ☐ Much higher than average

6. How much do health problems prevent you from doing things you want to do?

☐ A great deal ☐ Some ☐ Not at all

7. What is your race?

☐ White/Caucasian ☐ Asian ☐ Two or more races
☐ Black/African American ☐ Native Hawaiian or Pacific Islander ☐ Other: _____
☐ American Indian or Alaska Native ☐ Hispanic or Latino

8. What is your marital status?

☐ Single ☐ Married ☐ Separated ☐ Widowed
☐ Partnered ☐ Other: _____

9. How much formal education have you completed?

☐ Less than 9th grade ☐ 9th – 12th grade ☐ High school diploma or GED
☐ Some college, no degree ☐ Associate's degree ☐ Bachelor's degree ☐ Graduate or professional degree

10. What is your monthly household income?

☐ Less than \$400 ☐ \$1,200 to less than \$1,700 ☐ \$2,500 to less than \$2,900
☐ \$400 to less than \$800 ☐ \$1,700 to less than \$2,100 ☐ \$2,900 to less than \$3,400
☐ \$800 to less than \$1,200 ☐ \$2,100 to less than \$2,500 ☐ \$3,400 or more

Appendix F. Population Survey Postcard



[NAME]
[NUMBER/STREET]
[CITY/STATE/ZIP]

Dear Calhoun County Resident,

Within the next week you will receive a brief survey for adults age 60 and older in Calhoun County. You were chosen at random to be part of a scientifically selected sample of individuals that will represent the older adult population in our county.

This survey is **important**. The survey results will guide decisions that will affect older adults in Calhoun County for the next several years.

You will receive a letter with the survey that will explain more about why it is being conducted. You can wait for the letter, or if you prefer, you may take the survey online now at <https://www.surveymonkey.com/s/calhouncounty>

Thank you very much for taking a few minutes of your time to assist us with this important task.

Sincerely,

A handwritten signature in black ink that reads "Carl A. Gibson".

Carl A. Gibson, Manager, Calhoun County Office of Senior Services

A handwritten signature in black ink that reads "Karla Ann Fales".

Karla Ann Fales, Executive Director
Region 3B Area Agency on Aging

Appendix G. Population Survey Cover Letter



January 9, 2013

Dear Calhoun County Resident,

Calhoun County's senior millage, last renewed for ten years in 2010, was approved by voters to provide services for our older residents that cannot be met by the resources of the individual, the senior's family, local charities, or state or federal programs. The Calhoun County Office of Senior Services and the Region 3B Area Agency on Aging, with assistance from the Institute of Gerontology at Wayne State University, are conducting a community needs assessment to help us determine the most effective and efficient use of the senior millage funds. Your name was drawn at random from a list of Calhoun County voters age 60 or older to participate in the survey. We are asking for your input to guide us as we begin making important decisions that will affect Calhoun County seniors for the next several years. Completing the questionnaire will only take about 20 minutes of your time, but is critical to help us best serve older adults in our County and to be responsible stewards of your tax dollars.

We have enclosed a paper copy of the survey and a prepaid return envelope. However, to save the cost of postage charged to the County, we encourage you to fill out the questionnaire online. If you have access to a computer connected to the Internet, please open a browser and go to this web site:

<https://www.surveymonkey.com/s/calhouncounty>

You can also access the survey through the Calhoun County government website at http://www.calhouncountymi.gov/government/senior_services/. If you don't have a computer with internet access or would prefer to submit the paper questionnaire, please feel free to do so. Just fill out the survey as completely as you can, place it in the prepaid envelope provided, and drop it in any US Postal Service mailbox. Whether you fill out the paper or online survey, your responses will be completely anonymous. Your identity will not be associated with the answers you provide. We ask that you please complete and return the survey at your earliest convenience.

If you have any questions about this survey, please contact the Calhoun County Office of Senior Services at 269-781-0846. Thank you very much for taking the time to respond to this important request.

Sincerely,

Carl Gibson, Manager, Calhoun County
Office of Senior Services

Karla Fales, Executive Director,
Region 3B Area Agency on Aging

Appendix H. Population Survey

Calhoun County Older Adult Needs Assessment Survey

If you have access to a computer connected to the internet and can complete this survey online, please open a browser and go to <https://www.surveymonkey.com/s/calhouncounty>. If you would prefer to complete this paper survey, please fill it out as completely as you can and return it in the enclosed prepaid envelope. Please place a ☒ or ☒ in the appropriate box(es) when responding. Your responses will be completely anonymous. We ask that you please complete and return the survey at your earliest convenience.

If you have any questions about this survey, please contact the Calhoun County Office of Senior Services by telephone at 269-781-0846. Thank you very much for taking the time to respond to this important request.

Section I: In this section we would like to learn about your housing circumstances.

1. Where do you live? (Please check one)

- | | | | | |
|--|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Albion | <input type="checkbox"/> Burlington | <input type="checkbox"/> Emmett | <input type="checkbox"/> Level Park | <input type="checkbox"/> Pennfield |
| <input type="checkbox"/> Athens | <input type="checkbox"/> Clarence | <input type="checkbox"/> Fredonia | <input type="checkbox"/> Marengo | <input type="checkbox"/> Sheridan |
| <input type="checkbox"/> Battle Creek | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Homer | <input type="checkbox"/> Marshall | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Bedford | <input type="checkbox"/> Convis | <input type="checkbox"/> Lee | <input type="checkbox"/> Newton | <input type="checkbox"/> Tekonsha |
| <input type="checkbox"/> Brownlee Park | <input type="checkbox"/> Eckford | <input type="checkbox"/> Leroy | <input type="checkbox"/> Oak Park | <input type="checkbox"/> Other: _____ |

2. Including yourself, how many people live in your household? _____

3. Who do you live with? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> I live alone | <input type="checkbox"/> Adult child(ren) | <input type="checkbox"/> Other relative(s) |
| <input type="checkbox"/> Spouse/partner | <input type="checkbox"/> Parent(s) | <input type="checkbox"/> Non-relative(s) |
| <input type="checkbox"/> Minor aged child(ren) | <input type="checkbox"/> Grandchild(ren) | <input type="checkbox"/> Other: _____ |

4. How long have you lived at your current residence?(Please check one)

- ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ More than 20 years

5. In what type of housing do you currently live?(Please check one)

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Single family house | <input type="checkbox"/> Apartment | <input type="checkbox"/> Mobile home | <input type="checkbox"/> Nursing facility |
| <input type="checkbox"/> Multi-family house | <input type="checkbox"/> Condominium | <input type="checkbox"/> Assisted living | <input type="checkbox"/> Other: _____ |

6. Please rate the physical condition of your home/residence. (Please check one)

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

7. If you've recently moved or are considering moving in the near future, what are the reasons? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Have not/will not move | <input type="checkbox"/> Need a place with no stairs to climb | <input type="checkbox"/> To be closer to family or friends |
| <input type="checkbox"/> More affordable | <input type="checkbox"/> Less upkeep | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Safer neighborhood | <input type="checkbox"/> Services like meals and transportation | |

Section II: In this section we would like to learn about your financial situation.

8. Do you own or rent where you live? (Please check one)

- ☐ Owned by you or someone in household with a mortgage or a loan ☐ Occupied without payment of rent
☐ Owned by you or someone in household free & clear (without a mortgage or loan) ☐ Rent

9. Which of the following statements best describes your financial situation regarding housing costs, including rent or mortgage payment, property taxes, and utilities? (Please check one)

- ☐ I can comfortably afford my housing costs
☐ I can afford my housing costs if I adjust how I spend my money
☐ I have trouble paying for housing costs regardless of how I cut back

10. What is your employment status? (Check all that apply)

- ☐ Fully retired ☐ Retired, working part-time ☐ Homemaker (unemployed, not looking for work)
☐ Working part-time ☐ Working full-time ☐ Other: _____
☐ Unemployed, looking for work ☐ On disability

11. What are your current sources of income? (Check all that apply)

- ☐ Salary and wages ☐ Pension, rental income, and annuities ☐ Interest and dividends ☐ Other: _____
☐ Social Security ☐ Disability payments ☐ Self-employment income

Yes
▼ No
▼

12. Do you use a bridge card, food stamps, or SNAP?

☐ ☐

13. Are you financially supporting adult children, grandchildren, or others?

☐ ☐

Section III: In this section we would like to learn about your transportation options and challenges.

Yes
▼ No
▼

14. Do you drive?

☐ ☐

15. How do you get to the places you want to go? (Check all that apply)

- ☐ I drive myself ☐ Taxi ☐ Senior transportation
☐ Someone drives me ☐ Public transportation ☐ Other: _____

16. What problems do you have getting to the places you want to go? (Check all that apply)

- ☐ I don't have problems getting places I want to go ☐ Taxi service is unavailable
☐ I have no one to drive me ☐ Other transportation options are too expensive
☐ I don't know what transportation options are available ☐ Public transportation does not meet my needs
☐ I don't know who to call for information about transportation ☐ Other: _____

**Section IV: In this section we would like to learn more about
your health, healthcare access, and utilization.**

	Yes ▼	No ▼
17. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you blind or do you have serious difficulty seeing even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you have serious difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>
21. Because of a physical, mental or emotional condition, do you have difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/>	<input type="checkbox"/>
22. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you currently covered by any of the following types of health insurance plans? (Check all that apply)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Insurance through a current or former employer or union <input type="checkbox"/> Insurance purchased directly from an insurance company <input type="checkbox"/> TRICARE, VA, or other military health care <input type="checkbox"/> Medicare, for people 65 and older </div> <div style="width: 48%;"> <input type="checkbox"/> Medicaid, for people with low incomes and disabilities <input type="checkbox"/> Indian Health Service <input type="checkbox"/> I have no health insurance <input type="checkbox"/> Other: _____ </div> </div>		
24. In the last 12 months, have you participated in any health program to improve your balance or manage health conditions like diabetes or arthritis?		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> No <input type="checkbox"/> Yes, diabetes management <input type="checkbox"/> Yes, fall prevention or balance program <input type="checkbox"/> Yes, other: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Yes, high blood pressure management <input type="checkbox"/> Yes, osteoporosis management <input type="checkbox"/> Yes, arthritis management </div> </div>		
25. In the last 12 months, have there been times when you thought you should go to the dentist, but you did not go?		
<input type="checkbox"/> Yes <input type="checkbox"/> No ➡ IF NO, GO TO QUESTION 26		
25a. If yes, why didn't you go to the dentist? (Check all that apply)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> I don't have enough money <input type="checkbox"/> Lack of transportation <input type="checkbox"/> It's not covered by insurance <input type="checkbox"/> I'm too sick to go out <input type="checkbox"/> Other: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> I couldn't get a dentist to take me as a patient <input type="checkbox"/> I'm afraid to go to the dentist <input type="checkbox"/> I couldn't find a dentist that I like <input type="checkbox"/> I couldn't find a dentist that takes Medicaid </div> </div>		
26. In the last 12 months, have there been times when you thought you should have your eyes examined, but you didn't?		
<input type="checkbox"/> Yes <input type="checkbox"/> No ➡ IF NO, GO TO QUESTION 27		
26a. If yes, why didn't you have your eyes examined? (Check all that apply)		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> I don't have enough money <input type="checkbox"/> Lack of transportation <input type="checkbox"/> It's not covered by insurance <input type="checkbox"/> I'm too sick to go out <input type="checkbox"/> Other: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> I couldn't get an eye doctor to take me as a patient <input type="checkbox"/> I'm afraid to go to the eye doctor <input type="checkbox"/> I couldn't find an eye doctor that I like <input type="checkbox"/> I couldn't find an eye doctor that takes Medicaid </div> </div>		

27. In the last 12 months, have there been times when you thought you should have your hearing checked, but didn't?

☐ Yes ☐ No \Rightarrow IF NO, GO TO QUESTION 28

27a. If yes, why didn't you have your hearing checked? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> I don't have enough money | <input type="checkbox"/> I couldn't get an audiologist to take me as a patient |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> I'm afraid to get my hearing checked |
| <input type="checkbox"/> It's not covered by insurance | <input type="checkbox"/> I couldn't find an audiologist that I like |
| <input type="checkbox"/> I'm too sick to go out | <input type="checkbox"/> I couldn't find an audiologist that takes Medicaid |
| <input type="checkbox"/> Other: _____ | |

28. Compared to other people your age, how would you rate your health?

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Much worse than average | <input type="checkbox"/> Worse than average | <input type="checkbox"/> About average | <input type="checkbox"/> Better than average | <input type="checkbox"/> Much better than average |
|--|---|--|--|---|

29. Compared to other people your age, how would you rate your activity level?

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Much lower than average | <input type="checkbox"/> Lower than average | <input type="checkbox"/> About average | <input type="checkbox"/> Higher than average | <input type="checkbox"/> Much higher than average |
|--|---|--|--|---|

30. How much do health problems prevent you from doing things you want to do?

- | | | |
|---------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> A great deal | <input type="checkbox"/> Some | <input type="checkbox"/> Not at all |
|---------------------------------------|-------------------------------|-------------------------------------|

31. Where do you go for health care? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> A physician's office | <input type="checkbox"/> Public health or community clinic |
| <input type="checkbox"/> Emergency room or hospital | <input type="checkbox"/> Centracare/PACE program |
| <input type="checkbox"/> Urgent care facility | <input type="checkbox"/> A doctor or nurse comes to my home or residence |
| <input type="checkbox"/> VA medical center/clinic | <input type="checkbox"/> Other: _____ |

Section IV: In this section we would like to learn more about your need for assistance.

	Yes ▼	No ▼
32. Do you talk or visit with family members on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you have any family members who live nearby that you can call upon for help?	<input type="checkbox"/>	<input type="checkbox"/>
34. Do you socialize with friends or neighbors on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you have any friends who live nearby that you can call upon for help?	<input type="checkbox"/>	<input type="checkbox"/>
36. Are you a member of any social clubs, community organizations, or church groups?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you do any volunteer work?	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you have access to a computer?	<input type="checkbox"/>	<input type="checkbox"/>
39. Do you have an email account?	<input type="checkbox"/>	<input type="checkbox"/>

Please check if you have heard of, have used, or think you may need any of these senior services available in Calhoun County. (Check all that apply)

	Have Heard of ▼	Have Used ▼	Need ▼
40. Adult day services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Benefits counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Caregiver support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check if you have heard of, have used, or think you may need any of these senior services available in Calhoun County. (Check all that apply)

	Have Heard of ▼	Have Used ▼	Need ▼
43. Care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Chore services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Congregate meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Disability services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Durable medical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Educational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Elder abuse/neglect information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Employment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Exercise and wellness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Food assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Fraud prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Guardianship/conservatorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Health assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Hearing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Health care options/information/assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Heating/utility payment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Home modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Home repair services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Homemaker services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Hospice/palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Housing options/assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Information and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Job training/re-training/re-entering workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Medicare/Medicaid assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Minor home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Money management assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Personal emergency response system (Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Plan B (insurance for the uninsured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check if you have heard of, have used, or think you may need any of these senior services available in Calhoun County. (Check all that apply)

	Have Heard of ▼	Have Used ▼	Need ▼
77. Prescription drug assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Respite services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Senior center activities and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Tax preparation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Volunteer placement/opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section V: In this section we would like to learn more about you personally.

85. What year were you born? _____

86. What is your gender? ☐ Male ☐ Female

87. What is your marital status?

- ☐ Single ☐ Widowed
☐ Married ☐ Partnered
☐ Separated ☐ Other: _____

88. What is your race?

- ☐ White/Caucasian ☐ Asian ☐ Two or more races
☐ Black/African American ☐ Native Hawaiian or Pacific Islander ☐ Other: _____
☐ American Indian or Alaska Native ☐ Hispanic or Latino

89. How much formal education have you completed?

- ☐ Less than 9th grade ☐ High school diploma or GED ☐ Associate's degree ☐ Graduate or professional degree
☐ 9th – 12th grade ☐ Some college, no degree ☐ Bachelor's degree

90. What is your monthly household income?

- ☐ Less than \$400 ☐ \$1,200 to less than \$1,700 ☐ \$2,500 to less than \$2,900
☐ \$400 to less than \$800 ☐ \$1,700 to less than \$2,100 ☐ \$2,900 to less than \$3,400
☐ \$800 to less than \$1,200 ☐ \$2,100 to less than \$2,500 ☐ \$3,400 or more

91. What is your ZIP code? _____

Thank you for participating in this survey!

Your answers will assist the Calhoun County Office of Senior Services and the Region 3B Area Agency on Aging better serve older adults in your community.

Appendix I. Population Survey Tables

Table 1.

Age Group		Needs Assessment Survey			2010 U.S. Census		2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent	Frequency	Percent
Valid	Less than 65	521	24.1	25.7	8040	28.6	7712	27.9
	65-69	421	19.5	20.8	5847	20.8	6149	22.3
	70-74	401	18.6	19.8	4518	16.1	4170	15.1
	75-79	270	12.5	13.3	3716	13.2	4060	14.7
	80-84	214	9.9	10.6	3082	10.9	2809	10.2
	85 or over	198	9.2	9.8	2946	10.5	2735	9.9
	Total	2025	93.8	100.0	28149	100.0	27635	100.0
Missing	n/a	135	6.3					
Total		2160	100					

Table 2.

Gender		Needs Assessment Survey			2010 U.S. Census		2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent	Frequency	Percent
Valid	Male	768	35.6	37.1	12555	44.6	12370	44.8
	Female	1300	60.2	62.9	15594	55.4	15265	55.2
	Total	2068	95.7	100.0	28149	100.0	27635	100.0
Missing	n/a	92	4.3					
Total		2160	100					

Table 3.

Age Group by Gender		Needs Assessment Survey			2010 U.S. Census		2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent	Frequency	Percent
Valid Men	Less than 65	219	10.1	11.0	3952	14.0	3817	13.8
	65-69	159	7.4	8.0	2728	9.7	2759	10.0
	70-74	148	6.9	7.4	2075	7.4	2036	7.4
	75-79	90	4.2	4.5	1650	5.9	1791	6.5
	80-84	61	2.8	3.1	1204	4.3	1006	3.6
	85 or over	65	3.0	3.3	946	3.4	961	3.5
	Total Men	742	34.4	37.2	12555	44.6	12370	44.8
Valid Women	Less than 65	298	13.8	15.0	4088	14.5	3895	14.1
	65-69	256	11.9	12.9	3119	11.1	3390	12.3
	70-74	251	11.6	12.6	2443	8.7	2134	7.7
	75-79	172	8.0	8.6	2066	7.3	2269	8.2
	80-84	146	6.8	7.3	1878	6.7	1803	6.5
	85 or over	127	5.9	6.4	2000	7.1	1774	6.4
	Total Women	1250	57.9	62.8	15594	55.4	15265	55.2
Grand Total		1992	92.2	100.0	28149	100.0	27635	100.0
Missing	n/a	168	7.8					
Total		2160	100.0					

Table 4.

Race		Needs Assessment Survey			2010 U.S. Census		2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent	Frequency	Percent
Valid	White	1680	77.8	80.2	24783	88.0	24779	89.7
	Black	321	14.9	15.3	2429	8.6	2291	8.3
	Other	93	4.3	4.4	937	3.3	565	2.0
	Total	2094	96.9	100.0	28149	100.0	27635	100.0
Missing	n/a	66	3.1					
Total		2160	100					

Table 5.

Annual Household/Family Income		Needs Assessment Survey			2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent
Valid	\$0-4,799	13	0.6	0.7	444	1.6
	\$4,800-9,599	124	5.7	6.5	1234	4.5
	\$9,600-14,399	251	11.6	13.1	1535	5.6
	\$14,400-20,399	304	14.1	15.9	2941	10.6
	\$20,400-25,199	208	9.6	10.9	2014	7.3
	\$25,200-29,999	200	9.3	10.4	1867	6.8
	\$30,000-34,799	155	7.2	8.1	1942	7.0
	\$34,800-40,799	166	7.7	8.7	2316	8.4
	\$40,800+	495	22.9	25.8	13342	48.3
	Total	1916	88.7	100.0	27635	100.0
Missing	n/a	244	11.3			
Total		2160	100.0			

Table 6.

Educational Attainment		Needs Assessment Survey			2007-11 ACS iPUMS	
		Frequency	Percent	Valid Percent	Frequency	Percent
Valid	Less than 9th grade	91	4.2	4.3	2236	8.1
	9th - 12th grade	215	10.0	10.2	3202	11.6
	High school diploma/GED	608	28.1	28.9	11059	40.0
	Some college, no degree	573	26.5	27.3	5465	19.8
	Associate's degree	169	7.8	8.0	1552	5.6
	Bachelor's degree	219	10.1	10.4	2486	9.0
	Grad/professional degree	227	10.5	10.8	1635	5.9
	Total	2102	97.3	100.0	27635	100.0
Missing	n/a	58	2.7			
Total		2160	100.0			

Table 7.

Place of Residence		Needs Assessment Survey			2010 U.S. Census	
		Frequency	Percent	Valid Percent	Frequency	Percent
Valid	Albion	179	8.3	8.3	1836	6.5
	Athens	54	2.5	2.5	594	2.1
	Battle Creek	940	43.5	43.8	9759	34.7
	Bedford	109	5.0	5.1	2180	7.7
	Burlington	48	2.2	2.2	425	1.5
	Ceresco	6	0.3	0.3		
	Clarence	33	1.5	1.5	505	1.8
	Clarendon	12	0.6	0.6	233	0.8
	Convis	26	1.2	1.2	358	1.3
	Eckford	23	1.1	1.1	291	1.0
	Emmett	108	5.0	5.0	2469	8.8
	Freedonia	31	1.4	1.4	399	1.4
	Homer	70	3.2	3.3	530	1.9
	Lee	18	0.8	0.8	206	0.7
	Leroy	57	2.6	2.7	956	3.4
	Marengo	16	0.7	0.7	560	2.0
	Marshall	202	9.4	9.4	2419	8.6
	Newton	29	1.3	1.4	729	2.6
	Pennfield	105	4.9	4.9	1966	7.0
	Sheridan	12	0.6	0.6	468	1.7
	Springfield	38	1.8	1.8	883	3.1
	Tekonsha	31	1.4	1.4	383	1.4
	Total	2147	99.4	100.0	28149	100.0
Missing	n/a	13	0.6			
Total		2160	100.0			

Table 7a.

Place of Residence, Aggregated		Needs Assessment Survey			2010 U.S. Census	
		Frequency	Percent	Valid Percent	Frequency	Percent
Valid	Battle Creek city	940	43.5	43.8	9759	34.7
	Battle Creek metro area	360	16.7	16.8	7498	26.6
	Albion area	179	8.3	8.3	1836	6.5
	Marshall area	202	9.4	9.4	2419	8.6
	Rural areas	466	21.6	21.7	6637	23.6
	Total	2147	99.4	100.0	28149	100.0
Missing	n/a	13	0.6			
Total		2160	100.0			

Table 8.

Persons in Household		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
	1 Person	717	33.2	36.9
	2 Persons	1032	47.8	53.1
	3 Persons	118	5.5	6.1
	4 Persons	37	1.7	1.9
Valid	5 Persons	14	0.6	0.7
	6 Persons	12	0.6	0.6
	7 Persons	4	0.2	0.2
	8 or more	11	0.5	0.6
	Total	1945	90.0	100.0
Missing	n/a	215	10.0	
Total		2160	100.0	

Table 9.

Living Arrangements		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Live alone	722	33.4	33.7
	With spouse	1069	49.5	49.9
	With spouse & relative(s)	127	5.9	5.9
	With relative(s)	196	9.1	9.2
	With nonrelative(s)	22	1.0	1.0
	AFC/HFA	5	0.2	0.2
	Total	2141	99.1	100.0
Missing	n/a	19	0.9	
Total		2160	100.0	

Table 9a.

Living Arrangments by Age Crosstabulation			Living Arrangements						Total
			Alone	With Spouse	W/Spouse & Relatives	With Relatives	With Non-relatives	AFC/HFA	
Age Group	Less than 65	Frequency	133	282	55	41	8	0	519
		Percent	25.6%	54.3%	10.6%	7.9%	1.5%	0.0%	100.0%
	65-69	Frequency	124	227	20	42	8	0	421
		Percent	29.5%	53.9%	4.8%	10.0%	1.9%	0.0%	100.0%
	70-74	Frequency	129	216	21	27	1	2	396
		Percent	32.6%	54.5%	5.3%	6.8%	0.3%	0.5%	100.0%
	75-79	Frequency	96	140	9	22	0	0	267
		Percent	36.0%	52.4%	3.4%	8.2%	0.0%	0.0%	100.0%
	80-84	Frequency	91	91	4	23	2	1	212
		Percent	42.9%	42.9%	1.9%	10.8%	0.9%	0.5%	100.0%
	85 and over	Frequency	102	55	4	32	2	2	197
		Percent	51.8%	27.9%	2.0%	16.2%	1.0%	1.0%	100.0%
Total	Frequency	675	1011	113	187	21	5	2012	
	Percent	33.5%	50.2%	5.6%	9.3%	1.0%	0.2%	100.0%	

Table 9b.

Living Arrangements by Gender Crosstabulation			Living Arrangements						Total
			Alone	With Spouse	W/Spouse & Relatives	With Relatives	With Non-relatives	AFC/HFA	
Gender	Male	Frequency	156	503	59	35	10	0	763
		Percent	20.4%	65.9%	7.7%	4.6%	1.3%	0.0%	100.0%
	Female	Frequency	536	525	57	156	12	4	1290
		Percent	41.6%	40.7%	4.4%	12.1%	0.9%	0.3%	100.0%
Total		Frequency	692	1028	116	191	22	4	2053
		Percent	33.7%	50.1%	5.7%	9.3%	1.1%	0.2%	100.0%

Table 9c.

Living Arrangements by Geography Crosstabulation			Living Arrangements						Total
			Alone	With Spouse	W/Spouse & Relatives	With Relatives	With Non-relatives	AFC/HFA	
Place of Residence	Battle Creek city	Frequency	384	379	54	104	12	1	934
		Percent	41.1%	40.6%	5.8%	11.1%	1.3%	0.1%	100.0%
	Battle Creek metro area	Frequency	92	211	20	28	4	3	358
		Percent	25.7%	58.9%	5.6%	7.8%	1.1%	0.8%	100.0%
	Albion area	Frequency	69	79	12	18	1	0	179
		Percent	38.5%	44.1%	6.7%	10.1%	0.6%	0.0%	100.0%
	Marshall area	Frequency	74	114	9	3	1	0	201
		Percent	36.8%	56.7%	4.5%	1.5%	0.5%	0.0%	100.0%
	Rural areas	Frequency	100	283	32	43	4	1	463
		Percent	21.6%	61.1%	6.9%	9.3%	0.9%	0.2%	100.0%
Total	Frequency	719	1066	127	196	22	5	2135	
	Percent	33.7%	49.9%	5.9%	9.2%	1.0%	0.2%	100.0%	

Table 9d.

Living Arrangments by Monthly Income Crosstabulation			Living Arrangements						Total
			Alone	With Spouse	W/Spouse & Relatives	With Relatives	With Non-relatives	AFC/HFA	
Monthly Income	Less than \$1,200	Frequency	241	67	6	59	11	2	386
		Percent	62.4%	17.4%	1.6%	15.3%	2.8%	0.5%	100.0%
	\$1,200 to less than \$2,100	Frequency	249	155	20	79	4	2	509
		Percent	48.9%	30.5%	3.9%	15.5%	0.8%	0.4%	100.0%
	\$2,100 to less than \$3,400	Frequency	117	325	37	33	3	1	516
		Percent	22.7%	63.0%	7.2%	6.4%	0.6%	0.2%	100.0%
	\$3,400 or more	Frequency	57	376	47	11	3	0	494
		Percent	11.5%	76.1%	9.5%	2.2%	0.6%	0.0%	100.0%
Total	Frequency		664	923	110	182	21	5	1905
	Percent		34.9%	48.5%	5.8%	9.6%	1.1%	0.3%	100.0%

Table 10.

Length of Residence		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Less than 1 year	73	3.4	3.4
	1-5 years	325	15.0	15.3
	6-10 years	257	11.9	12.1
	11-15 years	233	10.8	11.0
	16-20 years	192	8.9	9.1
	More than 20 years	1039	48.1	49.0
	Total	2119	98.1	100.0
Missing	n/a	41	1.9	
Total		2160	100.0	

Table 11.

Housing Type		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Single family house	1594	73.8	74.8
	Multi-family house	49	2.3	2.3
	Apartment	296	13.7	13.9
	Condominium	63	2.9	3.0
	Mobile home	92	4.3	4.3
	Assisted living facility	13	0.6	0.6
	Nursing facility	3	0.1	0.1
	Other	21	1.0	1.0
	Total	2131	98.7	100.0
Missing	n/a	29	1.3	
Total		2160	100.0	

Table 12.

Condition of Home		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Excellent	714	33.1	34.0
	Good	1050	48.6	50.0
	Fair	302	14.0	14.4
	Poor	33	1.5	1.6
	Total	2099	97.2	100.0
Missing	n/a	61	2.8	
Total		2160	100.0	

Table 13.

Housing Tenure		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Owned with mortgage	660	30.6	31.3
	Owned without mortgage	996	46.1	47.3
	Occupied without rent	44	2.0	2.1
	Rented	406	18.8	19.3
	Total	2106	97.5	100.0
Missing	n/a	54	2.5	
Total		2160	100.0	

Table 13a.

Living Arrangements by Housing Tenure Crosstabulation			Living Arrangements						Total
			Alone	With Spouse	W/Spouse & Relatives	With Relatives	With Non-relatives	AFC/HFA	
Monthly Income	Owned with mortgage	Frequency	139	379	69	63	7	0	657
		Percent	21.2%	57.7%	10.5%	9.6%	1.1%	0.0%	100.0%
	Owned without mortgage	Frequency	247	595	50	87	7	0	986
		Percent	25.1%	60.3%	5.1%	8.8%	0.7%	0.0%	100.0%
	Occupied without rent	Frequency	20	16	0	7	1	0	44
		Percent	45.5%	36.4%	0.0%	15.9%	2.3%	0.0%	100.0%
	Rented	Frequency	293	58	6	36	7	5	405
		Percent	72.3%	14.3%	1.5%	8.9%	1.7%	1.2%	100.0%
Total	Frequency		699	1048	125	193	22	5	2092
	Percent		33.4%	50.1%	6.0%	9.2%	1.1%	0.2%	100.0%

Table 14.

Housing Affordability		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Comfortably afford	897	41.5	43.9
	Afford if I adjust spending	920	42.6	45.0
	Trouble affording	228	10.6	11.1
	Total	2045	94.7	100.0
Missing	n/a	115	5.3	
Total		2160	100	

Table 15.

Reasons for Moving		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Have not/will not move	1384	64.1	72.5
	More affordable	139	6.4	7.3
	Safer neighborhood	56	2.6	2.9
	Need place with no stairs	165	7.6	8.6
	Less upkeep	200	9.3	10.5
	Services like meals & tran	45	2.1	2.4
	Closer to family & friends	128	5.9	6.7
	Other	116	5.4	6.1
	Total*	2233	103.4	117.0
Missing	n/a	250	11.6	
Total		2160	100.0	

*Note: Total valid frequency exceeds 1910 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 16.

Employment/Disabled Status		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Retired	1477	68.4	69.9
	Part time employed	268	12.4	12.7
	Full time employed	159	7.4	7.5
	Unemployed	19	0.9	0.9
	Disabled	189	8.8	8.9
	Total	2112	97.8	100.0
Missing	n/a	48	2.2	
Total		2160	100.0	

Table 16a.

Employment Status by Age Crosstabulation			Employment Status					Total
			Retired	Part time employed	Full time employed	Un-employed	Disabled	
Age Group	Less than 65	Frequency	202	97	109	9	96	513
		Percent	39.4%	18.9%	21.2%	1.8%	18.7%	100.0%
	65-69	Frequency	267	71	29	5	43	415
		Percent	64.3%	17.1%	7.0%	1.2%	10.4%	100.0%
	70-74	Frequency	311	52	13	3	17	396
		Percent	78.5%	13.1%	3.3%	0.8%	4.3%	100.0%
	75-79	Frequency	235	17	1	0	14	267
		Percent	88.0%	6.4%	0.4%	0.0%	5.2%	100.0%
	80-84	Frequency	190	11	1	1	6	209
		Percent	90.9%	5.3%	0.5%	0.5%	2.9%	100.0%
	85 and over	Frequency	185	8	0	0	1	194
		Percent	95.4%	4.1%	0.0%	0.0%	0.5%	100.0%
Total	Frequency	1390	256	153	18	177	1994	
	Percent	69.7%	12.8%	7.7%	0.9%	8.9%	100.0%	

Table 17.

Income Sources		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Wages & salaries	318	14.7	15.2
	Social Security	1722	79.7	82.1
	Pension, rent, & annuities	1019	47.2	48.6
	Disability benefits	161	7.5	7.7
	Interest & dividends	353	16.3	16.8
	Self-employment income	92	4.3	4.4
	Other	68	3.1	3.2
	Total*	3733	172.8	178.0
Missing	n/a	62	2.9	
Total		2160	100.0	

*Note: Total valid frequency exceeds 2098 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 18.

Number of Income Sources		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	1 source	827	38.3	39.4
	2 sources	946	43.8	45.1
	3 sources	290	13.4	13.8
	4 sources	31	1.4	1.5
	5 sources	4	0.2	0.2
	Total	2098	97.1	100.0
Missing	n/a	62	2.9	
Total		2160	100.0	

Table 19.

Bridge card/SNAP/Food stamps		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	274	12.7	13.0
	No	1838	85.1	87.0
	Total	2112	97.8	100.0
Missing	n/a	48	2.2	
Total		2160	100.0	

Table 20.

Supports children, grands, others		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	264	12.2	12.6
	No	1831	84.8	87.4
	Total	2095	97.0	100.0
Missing	Blank/No Response	65	3.0	
Total		2160	100.0	

Table 21.

R drives		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1777	82.3	85.7
	No	296	13.7	14.3
	Total	2073	96.0	100.0
Missing	n/a	87	4.0	
Total		2160	100.0	

Table 22.

Means of Transportation		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	R drives self	1771	82.0	83.4
	Someone else drives	540	25.0	25.4
	Taxicab	28	1.3	1.3
	Public transportation	68	3.1	3.2
	Senior transportation	80	3.7	3.8
	Other	42	1.9	2.0
	Total*	2529	117.0	119.1
Missing	n/a	36	1.7	
Total		2160	100.0	

*Note: Total valid frequency exceeds 2124 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 23.

Transportation Problems		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	No problems	1886	87.3	91.7
	No one to drive	68	3.1	3.3
	Unaware of options	61	2.8	3.0
	Unaware of who to call	51	2.4	2.5
	Taxi service unavailable	32	1.5	1.6
	Options too expensive	54	2.5	2.6
	Public transportation does not meet needs	82	3.8	4.0
	Other	67	3.1	3.3
	Total*	2301	106.5	112.0
Missing	n/a	104	4.8	
Total		2160	100.0	

*Note: Total valid frequency exceeds 2056 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 24.

Sensory/mobility Limitations		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Hearing loss	366	16.9	17.2
	Vision loss	144	6.7	6.8
	Self-care difficulty	114	5.3	5.4
	Difficulty walking/climbing	554	25.6	26.2
	Cognitive difficulties	248	11.5	11.7
	Independent living difficulty	261	12.1	12.4
	Total*	1687	78.1	79.7
Missing	n/a	124	5.7	
Total		2160	100.0	

*Note: Total valid frequency is less than 2036 and percentages add to less than 100 because respondents were allowed multiple selections and 60% of them reported no limitations.

Table 25.

Number of Limitations		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	0 limitations	1238	57.3	60.8
	1 limitation	394	18.2	19.4
	2 limitations	202	9.4	9.9
	3 limitations	110	5.1	5.4
	4 limitation	54	2.5	2.7
	5 limitations	30	1.4	1.5
	6 limitations	8	0.4	0.4
	Total	2036	94.3	100.0
Missing	n/a	124	5.7	
Total		2160	100.0	

Table 25a.

Sensory/mobility Limitations by Age Crosstabulation			Number of Sensory/mobility Limitations							Total
			0	1	2	3	4	5	6	
Age Group	Less than 65	Frequency	351	90	34	18	10	5	0	508
		Percent	69.1%	17.7%	6.7%	3.5%	2.0%	1.0%	0.0%	100.0%
	65-69	Frequency	270	70	33	15	9	4	3	404
		Percent	66.8%	17.3%	8.2%	3.7%	2.2%	1.0%	0.7%	100.0%
	70-74	Frequency	242	79	30	20	5	2	0	378
		Percent	64.0%	20.9%	7.9%	5.3%	1.3%	0.5%	0.0%	100.0%
	75-79	Frequency	147	51	31	11	8	6	1	255
		Percent	57.6%	20.0%	12.2%	4.3%	3.1%	2.4%	0.4%	100.0%
	80-84	Frequency	103	45	26	13	4	6	2	199
		Percent	51.8%	22.6%	13.1%	6.5%	2.0%	3.0%	1.0%	100.0%
	85 and over	Frequency	65	39	31	27	12	3	2	179
		Percent	36.3%	21.8%	17.3%	15.1%	6.7%	1.7%	1.1%	100.0%
Total		Frequency	1178	374	185	104	48	26	8	1923
		Percent	61.3%	19.4%	9.6%	5.4%	2.5%	1.4%	0.4%	100.0%

Table 26.

Sources of Health Insurance		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Employer/union insurance	1012	46.9	47.6
	Purchased insurance	417	19.3	19.6
	TRICARE/VA/military	113	5.2	5.3
	Medicare	1452	67.2	68.3
	Medicaid	213	9.9	10.0
	IHS	6	0.3	0.3
	Uninsured	59	2.7	2.8
	Other	76	3.5	3.6
	Total*	3348	155.0	157.5
Missing	n/a	33	1.5	
Total		2160	100.0	

*Note: Total valid frequency exceeds 2127 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 26a.

No Health Insurance by Age Crosstabulation			Health Insurance?		Total
			Yes	No	
Age Group	Less than 65	Frequency	471	42	513
		Percent	91.8%	8.2%	100.0%
	65-69	Frequency	411	4	415
		Percent	99.0%	1.0%	100.0%
	70-74	Frequency	396	1	397
		Percent	99.7%	0.3%	100.0%
	75-79	Frequency	267	2	269
		Percent	99.3%	0.7%	100.0%
	80-84	Frequency	209	2	211
		Percent	99.1%	0.9%	100.0%
	85 and over	Frequency	195	2	197
		Percent	99.0%	1.0%	100.0%
Total	Frequency	1949	53	2002	
	Percent	97.4%	2.6%	100.0%	

Table 27.

Number of Sources of Health Insurance		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	0 sources	47	2.2	2.2
	1 source	934	43.2	43.9
	2 sources	1089	50.4	51.2
	3 sources	53	2.5	2.5
	4 sources	3	0.1	0.1
	5 sources	0	0.0	0.0
	6 sources	1	0.0	0.0
	Total	2127	98.5	100.0
Missing	n/a	33	1.5	
Total		2160	100.0	

Table 28.

Participated in a Health Management Program		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	553	25.6	26.2
	No	1560	72.2	73.8
	Total	2113	97.8	100.0
Missing	n/a	47	2.2	
Total		2160	100.0	

Table 29.

Type of Health Management Program		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Diabetes management	217	39.2	39.2
	Fall prevention/balance	90	16.3	16.3
	High blood pressure mgt.	258	46.7	46.7
	Osteoporosis management	66	11.9	11.9
	Arthritis management	145	26.2	26.2
	Other	82	14.8	14.8
	Total*	858	155.1	155.1
Missing	n/a	0	0.0	
Total		553	100.0	

*Note: Total valid frequency exceeds 553 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 30.

Did Not Go To Dentist Despite Need		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	485	22.5	23.0
	No	1622	75.1	77.0
	Total	2107	97.5	100.0
Missing	n/a	53	2.5	
Total		2160	100.0	

Table 30a.

Did Not Visit Dentist by Age Crosstabulation			Visit Needed Dentist?		Total
			Yes	No	
Age Group	Less than 65	Frequency	378	138	516
		Percent	73.3%	26.7%	100.0%
	65-69	Frequency	306	106	412
		Percent	74.3%	25.7%	100.0%
	70-74	Frequency	295	99	394
		Percent	74.9%	25.1%	100.0%
	75-79	Frequency	218	49	267
		Percent	81.6%	18.4%	100.0%
	80-84	Frequency	180	29	209
		Percent	86.1%	13.9%	100.0%
	85 and over	Frequency	162	26	188
		Percent	86.2%	13.8%	100.0%
Total	Frequency	1539	447	1986	
	Percent	77.5%	22.5%	100.0%	

Table 31.

Why Avoid Dentist?		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Not enough money	298	61.4	61.4
	Lack of transportation	23	4.7	4.7
	Not covered by insurance	232	47.8	47.8
	Too sick to go out	16	3.3	3.3
	Couldn't get a dentist	16	3.3	3.3
	Afraid to go to the dentist	48	9.9	9.9
	Couldn't find a dentist	12	2.5	2.5
	No Medicaid dentist	33	6.8	6.8
	Other	40	8.2	8.2
	Total*	718	147.9	147.9
Missing	n/a	0	0.0	
Total		485	100.0	

*Note: Total valid frequency exceeds 485 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 32.

Did Not Get Eyes Examined Despite Need		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	394	18.2	18.8
	No	1705	78.9	81.2
	Total	2099	97.2	100.0
Missing	n/a	61	2.8	
Total		2160	100.0	

Table 33.

Why Avoid Eye Doctor?		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Not enough money	206	52.3	52.3
	Lack of transportation	25	6.3	6.3
	Not covered by insurance	188	47.7	47.7
	Too sick to go out	15	3.8	3.8
	Couldn't get a doctor	5	1.3	1.3
	Afraid to go to eye doctor	4	1.0	1.0
	Couldn't find an eye doctor	10	2.5	2.5
	No Medicaid eye doctor	24	6.1	6.1
	Other	62	15.7	15.7
	Total*	539	136.7	136.7
Missing	n/a	0	0.0	
Total		394	100.0	

*Note: Total valid frequency exceeds 394 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 34.

Did Not Get Hearing Examined Despite Need		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	319	14.8	15.3
	No	1771	82.0	84.7
	Total	2090	96.8	100.0
Missing	n/a	70	3.2	
Total		2160	100.0	

Table 35.

Why Avoid Audiologist?		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Not enough money	163	51.1	51.1
	Lack of transportation	20	6.3	6.3
	Not covered by insurance	164	51.4	51.4
	Too sick to go out	8	2.5	2.5
	Couldn't get an audiologist	5	1.6	1.6
	Afraid to go to audiologist	19	6.0	6.0
	Couldn't find an audiologist	4	1.3	1.3
	No Medicaid audiologist	21	6.6	6.6
	Other	34	10.7	10.7
	Total*	438	137.5	137.5
Missing	n/a	0	0.0	
Total		319	100.0	

*Note: Total valid frequency exceeds 319 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 36.

Place R Receives Health Care		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Physician's office	1928	89.3	91.9
	Emergency room/Hospital	379	17.5	18.1
	Urgent care facility	169	7.8	8.1
	VA medical center/clinic	103	4.8	4.9
	Public health clinic	76	3.5	3.6
	Centracare/PACE program	9	0.4	0.4
	Visiting doctor/nurse	48	2.2	2.3
	Other	45	2.1	2.1
	Total*	2757	127.6	131.4
Missing	n/a	63	2.9	
Total		2160	100.0	

*Note: Total valid frequency exceeds 2097 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 37.

Self-Rated Health		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Much worse than average	46	2.1	2.2
	Worse than average	241	11.2	11.5
	About average	849	39.3	40.7
	Better than average	680	31.5	32.6
	Much better than average	272	12.6	13.0
	Total	2088	96.7	100.0
Missing	n/a	72	3.3	
Total		2160	100.0	

Table 37a.

Self-Rated Health by Monthly Income Crosstabulation			Self-Rated Health					Total
			Much worse	Worse	Average	Better	Much better	
Monthly Income	Less than \$1,200	Frequency	17	73	174	87	25	376
		Percent	4.5%	19.4%	46.3%	23.1%	6.6%	100.0%
	\$1,200 to less than \$2,100	Frequency	13	65	233	140	46	497
		Percent	2.6%	13.1%	46.9%	28.2%	9.3%	100.0%
	\$2,100 to less than \$3,400	Frequency	4	49	211	188	60	512
		Percent	0.8%	9.6%	41.2%	36.7%	11.7%	100.0%
	\$3,400 or more	Frequency	6	30	137	204	110	487
		Percent	1.2%	6.2%	28.1%	41.9%	22.6%	100.0%
Total	Frequency		40	217	755	619	241	1872
	Percent		2.1%	11.6%	40.3%	33.1%	12.9%	100.0%

Table 38.

Self-Rated Activity Level		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Much lower than average	104	4.8	5.0
	Lower than average	394	18.2	18.9
	About average	921	42.6	44.1
	Higher than average	505	23.4	24.2
	Much higher than average	165	7.6	7.9
	Total	2089	96.7	100.0
Missing	n/a	71	3.3	
Total		2160	100.0	

Table 38a.

Self-Rated Activity Levels by Monthly Income Crosstabulation			Self-Rated Activity Level					Total
			Much lower	Lower	Average	Higher	Much higher	
Monthly Income	Less than \$1,200	Frequency	42	103	159	58	16	378
		Percent	11.1%	27.2%	42.1%	15.3%	4.2%	100.0%
	\$1,200 to less than \$2,100	Frequency	29	119	226	102	25	501
		Percent	5.8%	23.8%	45.1%	20.4%	5.0%	100.0%
	\$2,100 to less than \$3,400	Frequency	11	94	233	134	37	509
		Percent	2.2%	18.5%	45.8%	26.3%	7.3%	100.0%
	\$3,400 or more	Frequency	10	43	202	163	68	486
		Percent	2.1%	8.8%	41.6%	33.5%	14.0%	100.0%
Total	Frequency		92	359	820	457	146	1874
	Percent		4.9%	19.2%	43.8%	24.4%	7.8%	100.0%

Table 39.

Health Problems Interfere		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	A great deal	302	14	14.4
	Some	969	44.9	46.2
	Not at all	826	38.2	39.4
	Total	2097	97.1	100.0
Missing	n/a	63	2.9	
Total		2160	100	

Table 39a.

Health Problem Interference by Monthly Income Crosstabulation			Health Problems Interfere?			Total
			A great deal	Some	Not at all	
Monthly Income	Less than \$1,200	Frequency	97	203	77	377
		Percent	25.7%	53.8%	20.4%	100.0%
	\$1,200 to less than \$2,100	Frequency	98	250	152	500
		Percent	19.6%	50.0%	30.4%	100.0%
	\$2,100 to less than \$3,400	Frequency	54	241	219	514
		Percent	10.5%	46.9%	42.6%	100.0%
	\$3,400 or more	Frequency	21	181	283	485
		Percent	4.3%	37.3%	58.4%	100.0%
Total	Frequency		270	875	731	1876
	Percent		14.4%	46.6%	39.0%	100.0%

Table 40.

Talk/Visit with Family Regularly		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1949	90.2	92.5
	No	157	7.3	7.5
	Total	2106	97.5	100.0
Missing	n/a	54	2.5	
Total		2160	100.0	

Table 41.

Can Call Upon Nearby Family for Help		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1715	79.4	81.8
	No	382	17.7	18.2
	Total	2097	97.1	100.0
Missing	n/a	63	2.9	
Total		2160	100.0	

Table 42.

Socialize with Friend/Neighbors Regularly		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1628	75.4	78.1
	No	457	21.2	21.9
	Total	2085	96.5	100.0
Missing	n/a	75	3.5	
Total		2160	100.0	

Table 43.

Can Call Upon Nearby Friends for Help		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1638	75.8	78.8
	No	442	20.5	21.3
	Total	2080	96.3	100.0
Missing	n/a	80	3.7	
Total		2160	100.0	

Table 44.

Belong to Clubs, Organizations, or Groups		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1151	53.3	55.2
	No	936	43.3	44.8
	Total	2087	96.6	100.0
Missing	n/a	73	3.4	
Total		2160	100.0	

Table 45.

Do Any Volunteer Work		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	667	30.9	32.3
	No	1401	64.9	67.7
	Total	2068	95.7	100.0
Missing	n/a	92	4.3	
Total		2160	100.0	

Table 46.

Have Access to a Computer		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1332	61.7	63.9
	No	753	34.9	36.1
	Total	2085	96.5	100.0
Missing	n/a	75	3.5	
Total		2160	100.0	

Table 47.

Have an E-mail Account		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Yes	1117	51.7	53.9
	No	957	44.3	46.1
	Total	2074	96.0	100.0
Missing	n/a	86	4.0	
Total		2160	100.0	

Table 48.

Marital Status		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Single	584	27.0	27.9
	Married	996	46.1	47.6
	Separated	26	1.2	1.2
	Widowed	466	21.6	22.3
	Partnered	21	1.0	1.0
	Total	2093	96.9	100.0
Missing	n/a	67	3.1	
Total		2160	100.0	

Table 49.

ZIP Code		Frequency	Percent	Valid Percent
Valid	49011	32	1.5	1.8
	49013	1	0.0	0.1
	49014	227	10.5	12.6
	49015	340	15.7	18.9
	49016	3	0.1	0.2
	49017	265	12.3	14.7
	49018	1	0.0	0.1
	49020	1	0.0	0.1
	49021	14	0.6	0.8
	49024	1	0.0	0.1
	49025	1	0.0	0.1
	49029	27	1.3	1.5
	49032	1	0.0	0.1
	49033	23	1.1	1.3
	49034	6	0.3	0.3
	49035	1	0.0	0.1
	49036	1	0.0	0.1
	49037	274	12.7	15.2
	49039	1	0.0	0.1
	49051	29	1.3	1.6
	49052	8	0.4	0.4
	49064	1	0.0	0.1

ZIP Code	Frequency	Percent	Valid Percent
49068	218	10.1	12.1
49073	1	0.0	0.1
49076	21	1.0	1.2
49084	1	0.0	0.1
49092	30	1.4	1.7
49094	12	0.6	0.7
49105	1	0.0	0.1
49204	1	0.0	0.1
49224	160	7.4	8.9
49234	1	0.0	0.1
49244	1	0.0	0.1
49245	72	3.3	4.0
49246	1	0.0	0.1
49284	17	0.8	0.9
49307	1	0.0	0.1
49608	3	0.1	0.2
Total	1799	83.3	100.0
Missing n/a	361	16.7	
Total	2160	100.0	

Table 50.

Number of Services Heard of		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	0	88	4.1	4.3
	1	72	3.3	3.5
	2	64	3.0	3.2
	3	98	4.5	4.8
	4	56	2.6	2.8
	5	40	1.9	2.0
	6	53	2.5	2.6
	7	49	2.3	2.4
	8	38	1.8	1.9
	9	39	1.8	1.9
	10	45	2.1	2.2
	11	29	1.3	1.4
	12	41	1.9	2.0

Number of Services Heard of	Needs Assessment Survey		
	Frequency	Percent	Valid Percent
13	23	1.1	1.1
14	28	1.3	1.4
15	24	1.1	1.2
16	33	1.5	1.6
17	28	1.3	1.4
18	20	0.9	1.0
19	22	1.0	1.1
20	16	0.7	0.8
21	26	1.2	1.3
22	29	1.3	1.4
23	28	1.3	1.4
24	25	1.2	1.2
25	11	0.5	0.5
26	25	1.2	1.2
27	18	0.8	0.9
28	25	1.2	1.2
29	20	0.9	1.0
30	30	1.4	1.5
31	24	1.1	1.2
32	17	0.8	0.8
33	23	1.1	1.1
34	24	1.1	1.2
35	39	1.8	1.9
36	35	1.6	1.7
37	29	1.3	1.4
38	34	1.6	1.7
39	26	1.2	1.3
40	49	2.3	2.4
41	44	2.0	2.2
42	60	2.8	3.0
43	55	2.5	2.7
44	94	4.4	4.6
45	335	15.5	16.5
Total	2031	94.0	100.0
Missing	n/a	129	6.0
Total	2160	100.0	

Table 51.

Number of Services Used		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
	0	1208	55.9	59.5
	1	243	11.3	12.0
	2	152	7.0	7.5
	3	107	5.0	5.3
	4	69	3.2	3.4
	5	49	2.3	2.4
	6	45	2.1	2.2
	7	36	1.7	1.8
	8	22	1.0	1.1
	9	17	0.8	0.8
	10	24	1.1	1.2
	11	15	0.7	0.7
	12	8	0.4	0.4
	13	6	0.3	0.3
Valid	14	7	0.3	0.3
	15	6	0.3	0.3
	16	2	0.1	0.1
	17	2	0.1	0.1
	18	2	0.1	0.1
	19	3	0.1	0.1
	21	2	0.1	0.1
	22	1	0.0	0.0
	23	1	0.0	0.0
	27	1	0.0	0.0
	31	1	0.0	0.0
	38	1	0.0	0.0
	44	1	0.0	0.0
	Total	2031	94.0	100
Missing	n/a	129	6.0	
Total		2160	100.0	

Table 52.

Number of Services Needed		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
	0	1443	66.8	71.0
	1	177	8.2	8.7
	2	91	4.2	4.5
	3	72	3.3	3.5
	4	47	2.2	2.3
	5	45	2.1	2.2
	6	26	1.2	1.3
	7	25	1.2	1.2
	8	17	0.8	0.8
	9	19	0.9	0.9
	10	12	0.6	0.6
	11	11	0.5	0.5
	12	6	0.3	0.3
	13	3	0.1	0.1
Valid	14	7	0.3	0.3
	15	3	0.1	0.1
	16	4	0.2	0.2
	17	4	0.2	0.2
	19	4	0.2	0.2
	20	2	0.1	0.1
	22	2	0.1	0.1
	23	3	0.1	0.1
	26	1	0.0	0.0
	28	1	0.0	0.0
	31	1	0.0	0.0
	41	1	0.0	0.0
	42	2	0.1	0.1
	43	1	0.0	0.0
	45	1	0.0	0.0
	Total	2031	94.0	100
Missing	n/a	129	6.0	
Total		2160	100.0	

Table 53.

Level of Need		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Zero (0 needs)	1443	66.8	71.0
	Low (1 need)	177	8.2	8.7
	Medium (2-3 needs)	163	7.5	8.0
	High (4-7 needs)	143	6.6	7.0
	Very High (8 or more needs)	105	4.9	5.2
	Total	2031	94.0	100.0
Missing	n/a	129	6.0	
Total		2160	100.0	

Table 54.

Top Services Used		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Medicare/Medicaid assistance	248	12.0	12.2
	Prescription drug assistance	224	10.9	11.0
	Food assistance	189	9.2	9.3
	Exercise/wellness programs	176	8.5	8.7
	Durable medical equipment	148	7.2	7.3
	Tax preparation assistance	140	6.8	6.9
	Home health care	131	6.4	6.5
	Dental services	123	6.0	6.1
	PERS (Lifeline)	122	5.9	6.0
	Senior cntr activities/services	122	5.9	6.0
	Transportation	111	5.4	5.5
	Vision services	107	5.2	5.3
	Health assistance	102	5.0	5.0
	Caregiver support	95	4.6	4.7
	Congregate meals	87	4.2	4.3
	Chore services	75	3.6	3.7
	Legal services	74	3.6	3.6
	Heating/utility assistance	72	3.5	3.5
	Health care options I&R	69	3.3	3.4
	Plan B	68	3.3	3.3
	Educational activities	60	2.9	3.0

Top Services Used	Needs Assessment Survey		
	Frequency	Percent	Valid Percent
Hearing assistance	58	2.8	2.9
Medication management	58	2.8	2.9
Care management	53	2.6	2.6
Benefits counseling	52	2.5	2.6
Home repair services	50	2.4	2.5
Disability services	49	2.4	2.4
Hospice/palliative care	47	2.3	2.3
Mental health services	47	2.3	2.3
Adult day services	46	2.2	2.3
Information and assistance	42	2.0	2.1
Minor home repair	39	1.9	1.9
Guardianship/conservatorship	35	1.7	1.7
Volunteer opportunities	31	1.5	1.5
Employment services	30	1.5	1.5
Home modifications	30	1.5	1.5
Housing options/assistance	29	1.4	1.4
Long term care	26	1.3	1.3
Money management	26	1.3	1.3
Homemaker services	23	1.1	1.1
Respite services	22	1.1	1.1
Fraud prevention	21	1.0	1.0
Substance abuse services	15	0.7	0.7
Job/workforce training	11	0.5	0.5
Elder abuse/neglect info	10	0.5	0.5
Total*	3393	164.7	167.1
Missing n/a	129	6.0	
Total	2160	100.0	

*Note: Total valid frequency exceeds 2031 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 55.

Top Services Needed		Needs Assessment Survey		
		Frequency	Percent	Valid Percent
Valid	Dental services	196	9.1	9.7
	Home repair services	148	6.9	7.3
	Minor home repair	148	6.9	7.3
	Vision services	131	6.1	6.5
	Exercise/wellness programs	110	5.1	5.4
	Heating/utility assistance	108	5.0	5.3
	Hearing assistance	100	4.6	4.9
	Prescription drug assistance	95	4.4	4.7
	Tax preparation assistance	88	4.1	4.3
	Food assistance	81	3.8	4.0
	Chore services	79	3.7	3.9
	Benefits counseling	74	3.4	3.6
	Senior center activities/services	74	3.4	3.6
	Transportation	73	3.4	3.6
	Medicare/Medicaid assistance	72	3.3	3.5
	Caregiver support	69	3.2	3.4
	Health care options I&R	69	3.2	3.4
	Home modifications	68	3.1	3.3
	Legal services	62	2.9	3.1
	Disability services	56	2.6	2.8
	Health assistance	52	2.4	2.6
	Information and assistance	52	2.4	2.6
	Educational activities	48	2.2	2.4
	Durable medical equipment	47	2.2	2.3
	Homemaker services	47	2.2	2.3
	PERS (Lifeline)	46	2.1	2.3
	Home health care	43	2.0	2.1
	Job/workforce training	43	2.0	2.1
	Plan B	43	2.0	2.1
	Adult day services	41	1.9	2.0
	Housing options/assistance	41	1.9	2.0
	Employment services	39	1.8	1.9
	Money management	36	1.7	1.8
	Volunteer opportunities	35	1.6	1.7
	Congregate meals	33	1.5	1.6
	Care management	30	1.4	1.5

Top Services Needed	Needs Assessment Survey		
	Frequency	Percent	Valid Percent
Mental health services	30	1.4	1.5
Fraud prevention	27	1.3	1.3
Guardianship/conservatorship	25	1.2	1.2
Respite services	25	1.2	1.2
Long term care	24	1.1	1.2
Medication management	24	1.1	1.2
Hospice/palliative care	20	0.9	1.0
Elder abuse/neglect info	14	0.6	0.7
Substance abuse services	14	0.6	0.7
Total*	2780	128.7	136.9
Missing n/a	129	6.0	
Total	2160	100.0	

*Note: Total valid frequency exceeds 2031 and percentages add to more than 100 because respondents were allowed multiple selections.

Table 55a.

Top Services Needed by Geography		Battle Creek	BC Area	Albion	Marshall	Rural Area	Total
Valid	Dental services	103	32	20	11	30	196
	Home repair services	70	25	15	8	30	148
	Minor home repair	74	29	12	12	21	148
	Vision services	70	17	13	10	21	131
	Exercise/wellness programs	54	16	9	11	20	110
	Heating/utility assistance	55	13	12	5	23	108
	Hearing assistance	50	10	9	14	17	100
	Prescription drug assistance	46	13	9	6	21	95
	Tax preparation assistance	50	13	6	7	11	88
	Food assistance	39	18	8	7	9	81
	Chore services	46	10	4	11	8	79
	Benefits counseling	37	11	8	3	15	74
	Senior center activities/services	36	8	11	8	11	74
	Transportation	41	7	10	8	7	73
	Medicare/Medicaid assistance	40	9	2	7	14	72
	Caregiver support	29	7	6	11	15	69

Top Services Needed by Geography	Battle Creek	BC Area	Albion	Marshall	Rural Area	Total
Health care options I&R	39	8	7	2	13	69
Home modifications	37	10	8	4	9	68
Legal services	30	11	7	5	9	62
Disability services	33	6	8	3	6	56
Health assistance	28	12	3	2	7	52
Information and assistance	25	5	7	6	9	52
Educational activities	21	10	9	2	6	48
Durable medical equipment	26	7	7	3	4	47
Homemaker services	26	4	5	5	7	47
PERS (Lifeline)	25	8	3	5	5	46
Home health care	24	3	4	6	6	43
Job/workforce training	21	5	5	3	9	43
Plan B	27	5	6	0	5	43
Adult day services	17	6	7	3	8	41
Housing options/assistance	22	6	6	2	5	41
Employment services	22	5	6	1	5	39
Money management	22	2	6	3	3	36
Volunteer opportunities	20	5	2	2	6	35
Congregate meals	18	3	2	4	6	33
Care management	15	4	4	3	4	30
Mental health services	19	3	2	2	4	30
Fraud prevention	12	4	2	3	6	27
Guardianship/conservatorship	11	8	1	2	3	25
Respite services	12	3	3	1	5	25
Long term care	11	5	3	3	2	24
Medication management	10	4	2	3	5	24
Hospice/palliative care	7	3	4	2	4	20
Elder abuse/neglect info	9	1	2	1	1	14
Substance abuse services	9	1	1	0	3	14
Total	1438	395	286	220	438	2780

Table 56.

Race by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Race	White	Frequency	1140	442	1582
		Percent	72.1%	27.9%	100.0%
	Black	Frequency	213	99	312
		Percent	68.30%	31.70%	100.00%
	Other	Frequency	57	34	91
		Percent	62.6%	37.4%	100.0%
Total	Frequency	1410	575	1985	
	Percent	71.0%	29.0%	100.0%	

Table 57.

Income by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Monthly Income	Less than \$400	Frequency Percent	3 25.0%	9 75.0%	12 100.0%
	\$400 to less than \$800	Frequency Percent	51 43.2%	67 56.8%	118 100.0%
	\$800 to less than \$1,200	Frequency Percent	133 54.1%	113 45.9%	246 100.0%
	\$1,200 to less than \$1,700	Frequency Percent	159 54.3%	134 45.7%	293 100.0%
	\$1,700 to less than \$2,100	Frequency Percent	129 64.2%	72 35.8%	201 100.0%
	\$2,100 to less than \$2,500	Frequency Percent	138 71.9%	54 28.1%	192 100.0%
	\$2,500 to less than \$2,900	Frequency Percent	113 77.4%	33 22.6%	146 100.0%
	\$2,900 to less than \$3,400	Frequency Percent	129 82.2%	28 17.8%	157 100.0%
	\$3,400 or more	Frequency Percent	418 90.7%	43 9.3%	461 100.0%
	Total	Frequency	1273	553	1826
Percent		69.7%	30.3%	100.0%	

Table 57a.

Income by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Monthly Income	Less than \$1,200	Frequency	187	189	376
		Percent	49.7%	50.3%	100.0%
	\$1,200 to less than \$2,100	Frequency	288	206	494
		Percent	58.3%	41.7%	100.0%
	\$2,100 to less than \$3,400	Frequency	380	115	495
		Percent	76.8%	23.2%	100.0%
	\$3,400 or more	Frequency	418	43	461
		Percent	90.7%	9.3%	100.0%
Total	Frequency	1273	553	1826	
	Percent	69.7%	30.3%	100.0%	

Table 58.

Age by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Age Group	Less than 65	Frequency	345	153	498
		Percent	69.3%	30.7%	100.0%
	65-69	Frequency	281	122	403
		Percent	69.7%	30.3%	100.0%
	70-74	Frequency	262	118	380
		Percent	68.9%	31.1%	100.0%
	75-79	Frequency	190	66	256
		Percent	74.2%	25.8%	100.0%
	80-84	Frequency	151	48	199
		Percent	75.9%	24.1%	100.0%
	85 and over	Frequency	140	49	189
		Percent	74.1%	25.9%	100.0%
Total	Frequency	1369	556	1925	
	Percent	71.1%	28.9%	100.0%	

Table 59.

Gender by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Gender	Male	Frequency	552	164	716
		Percent	77.1%	22.9%	100.0%
	Female	Frequency	847	403	1250
		Percent	67.8%	32.2%	100.0%
Total		Frequency	1399	567	1966
		Percent	71.2%	28.8%	100.0%

Table 60.

Marital Status by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Marital Status	Single	Frequency	360	199	559
		Percent	64.4%	35.6%	100.0%
	Married	Frequency	745	194	939
		Percent	79.3%	20.7%	100.0%
	Separated	Frequency	13	13	26
		Percent	50.0%	50.0%	100.0%
	Widowed	Frequency	282	162	444
		Percent	63.5%	36.5%	100.0%
	Partnered	Frequency	10	9	19
		Percent	52.6%	47.4%	100.0%
Total	Frequency	1410	577	1987	
	Percent	71.0%	29.0%	100.0%	

Table 61.

Education by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Education	Less than 9th grade	Frequency	46	40	86
		Percent	53.5%	46.5%	100.0%
	9th - 12th grade	Frequency	135	72	207
		Percent	65.2%	34.8%	100.0%
	High school diploma/GED	Frequency	395	173	568
		Percent	69.5%	30.5%	100.0%
	Some college, no degree	Frequency	386	161	547
		Percent	70.6%	29.4%	100.0%
	Associate's degree	Frequency	105	60	165
		Percent	63.6%	36.4%	100.0%
	Bachelor's degree	Frequency	171	40	211
		Percent	81.0%	19.0%	100.0%
	Graduate or professional degree	Frequency	177	33	210
		Percent	84.3%	15.7%	100.0%
Total	Frequency	1415	579	1994	
	Percent	71.0%	29.0%	100.0%	

Table 62.

Housing Tenure by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Housing Tenure	Owned with mortgage	Frequency	449	179	628
		Percent	71.5%	28.5%	100.0%
	Owned without mortgage	Frequency	734	192	926
		Percent	79.3%	20.7%	100.0%
	Occupied without rent	Frequency	21	19	40
		Percent	52.5%	47.5%	100.0%
	Rented	Frequency	211	185	396
		Percent	53.3%	46.7%	100.0%
Total	Frequency	1415	575	1990	
	Percent	71.1%	28.9%	100.0%	

Table 63.

Living Arrangements by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Living Arrangements	Live alone	Frequency	412	272	684
		Percent	60.2%	39.8%	100.0%
	Live with spouse	Frequency	808	196	1004
		Percent	80.5%	19.5%	100.0%
	Live with spouse & relative(s)	Frequency	82	32	114
		Percent	71.9%	28.1%	100.0%
	Live with relative(s)	Frequency	116	72	188
		Percent	61.7%	38.3%	100.0%
Live with non-relative(s)	Frequency	11	10	21	
	Percent	52.4%	47.6%	100.0%	
AFC/HFA	Frequency	3	2	5	
	Percent	60.0%	40.0%	100.0%	
Total	Frequency	1432	584	2016	
	Percent	71.0%	29.0%	100.0%	

Table 64.

Housing Affordability by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Housing Affordability	Comfortably afford	Frequency	722	110	832
		Percent	86.8%	13.2%	100.0%
	Afford with adjustment	Frequency	595	279	874
		Percent	68.10%	31.90%	100.00%
	Trouble affording	Frequency	72	154	226
		Percent	31.9%	68.1%	100.0%
Total	Frequency	1389	543	1932	
	Percent	71.9%	28.1%	100.0%	

Table 65.

R Drives by Need Crosstabulation			Services Needed?		Total
			No	Yes	
R Drives	Yes	Frequency	1245	435	1680
		Percent	74.1%	25.9%	100.0%
	No	Frequency	153	128	281
		Percent	54.4%	45.6%	100.0%
Total		Frequency	1398	563	1961
		Percent	71.3%	28.7%	100.0%

Table 66.

Health Problems Interfere by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Health Problems Interfere	A great deal	Frequency	138	160	298
		Percent	46.3%	53.7%	100.0%
	Some	Frequency	627	295	922
		Percent	68.00%	32.00%	100.00%
	Not at all	Frequency	650	118	768
		Percent	84.6%	15.4%	100.0%
Total	Frequency	1415	573	1988	
	Percent	71.2%	28.8%	100.0%	

Table 67.

Self-rated Health by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Self-rated Health	Much worse than average	Frequency	22	23	45
		Percent	48.9%	51.1%	100.0%
	Worse than average	Frequency	110	125	235
		Percent	46.8%	53.2%	100.0%
	About average	Frequency	525	273	798
		Percent	65.8%	34.2%	100.0%
	Better than average	Frequency	531	115	646
		Percent	82.2%	17.8%	100.0%
	Much better than average	Frequency	215	37	252
		Percent	85.3%	14.7%	100.0%
Total	Frequency	1403	573	1976	
	Percent	71.0%	29.0%	100.0%	

Table 68.

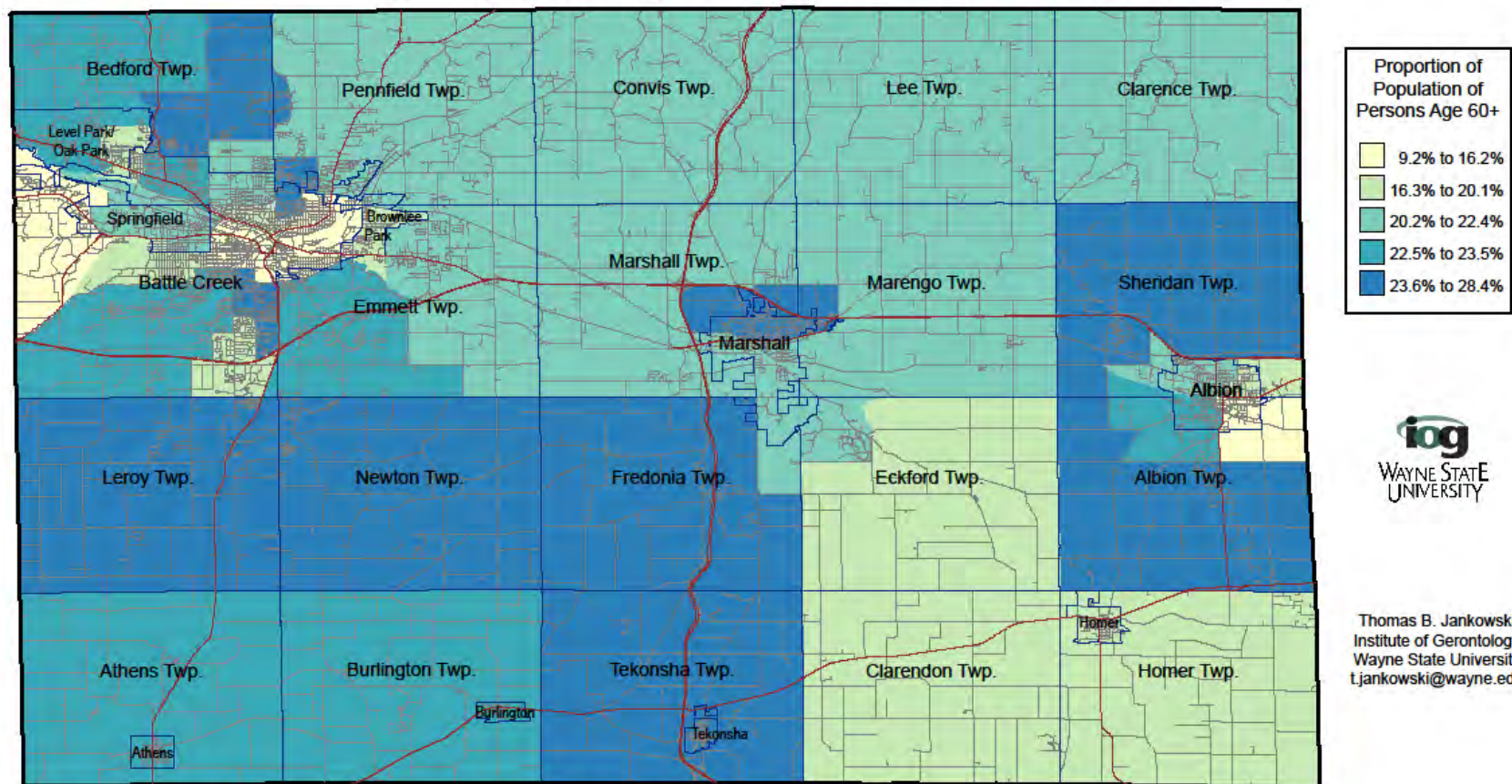
Activity Level by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Activity Level	Much lower than average	Frequency	44	58	102
		Percent	43.1%	56.9%	100.0%
	Lower than average	Frequency	216	164	380
		Percent	56.8%	43.2%	100.0%
	About average	Frequency	630	236	866
		Percent	72.7%	27.3%	100.0%
	Higher than average	Frequency	388	90	478
		Percent	81.2%	18.8%	100.0%
	Much higher than average	Frequency	125	27	152
		Percent	82.2%	17.8%	100.0%
Total	Frequency	1403	575	1978	
	Percent	70.9%	29.1%	100.0%	

Table 69.

Place of Residence by Need Crosstabulation			Services Needed?		Total
			No	Yes	
Place of Residence	Battle Creek	Frequency	592	304	896
		Percent	66.1%	33.9%	100.0%
	BC Area	Frequency	260	77	337
		Percent	77.2%	22.8%	100.0%
	Albion	Frequency	115	56	171
		Percent	67.3%	32.7%	100.0%
	Marshall	Frequency	141	45	186
		Percent	75.8%	24.2%	100.0%
	Rural Area	Frequency	328	103	431
		Percent	76.1%	23.9%	100.0%
Total	Frequency	1436	585	2021	
	Percent	71.1%	28.9%	100.0%	

Appendix J. Calhoun County Proportion of Population Age 60 and Older Map

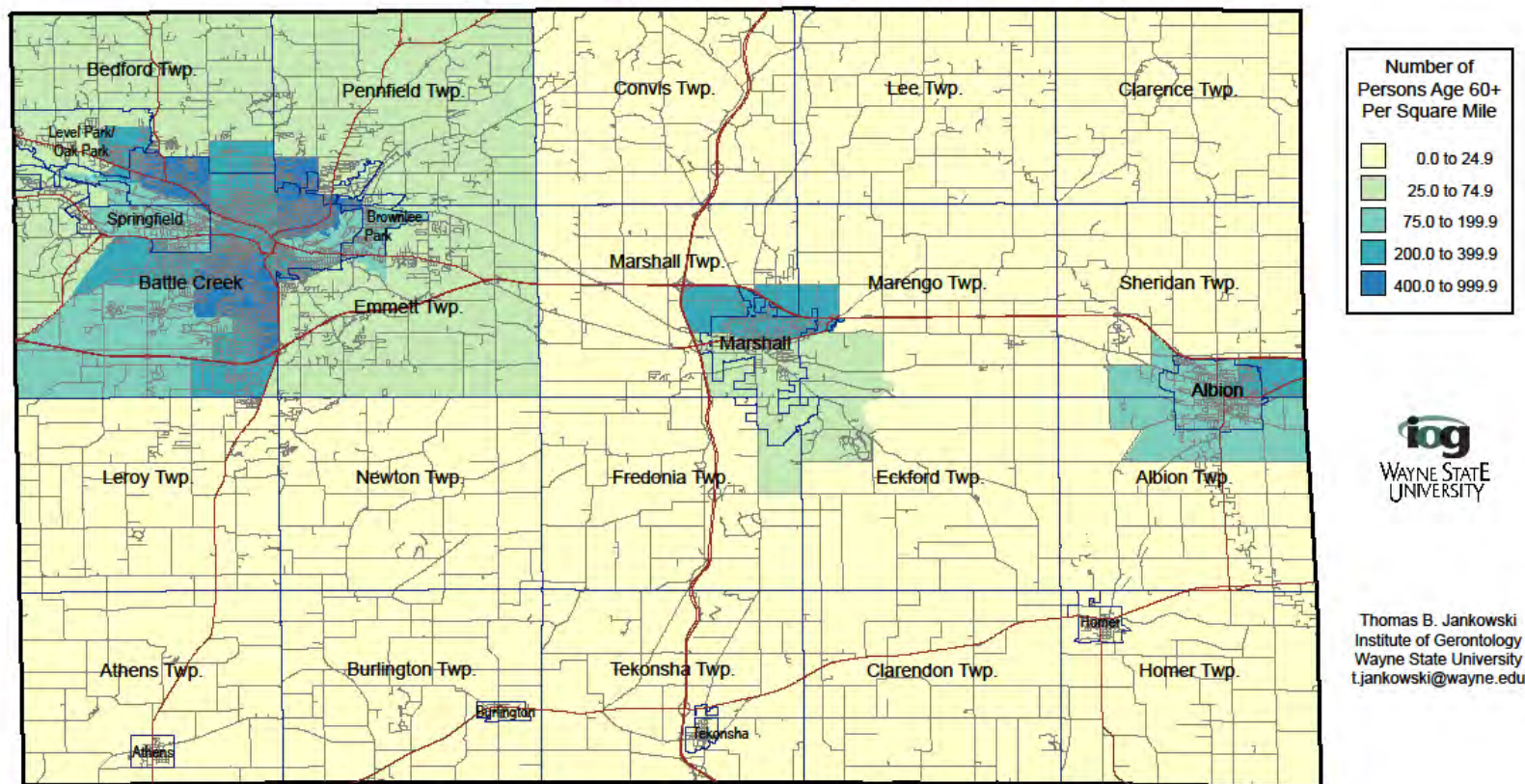
Calhoun County, Michigan, 2010 Census Proportion of Population Age 60 and Older



Source: Author calculation from U.S. Census Bureau, 2010 Decennial Census, Summary File 1, Table QT-P1 and TIGER/Line Shapefile, 2010, Calhoun County, MI, 2010 Census Census Tract County-based vector digital data.

Appendix K. Calhoun County Density of Population Age 60 and Older Map

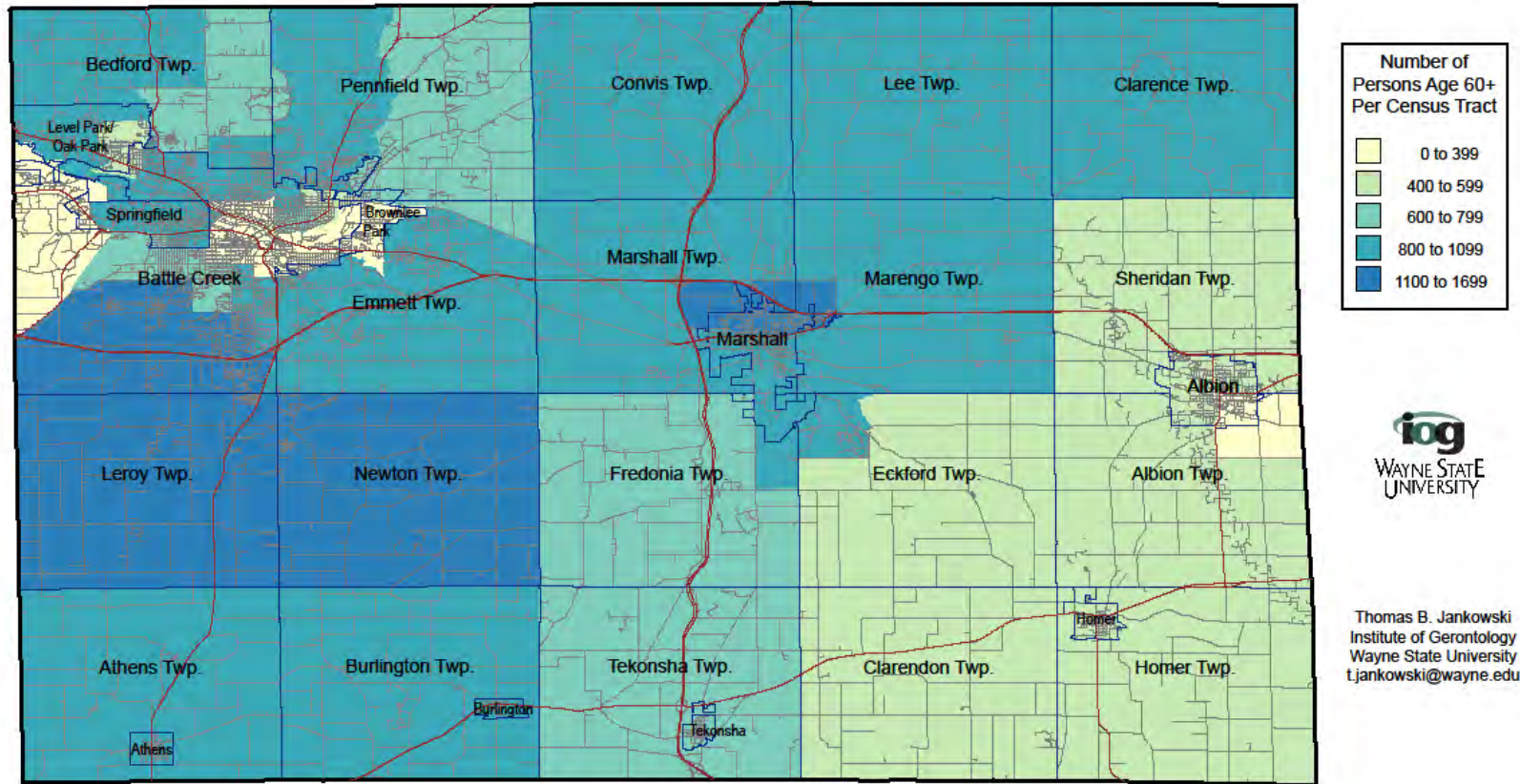
Calhoun County, Michigan, 2010 Census Density of Population Age 60 and Older



Source: Author calculation from U.S. Census Bureau, 2010 Decennial Census, Summary File 1, Table QT-P1 and TIGER/Line Shapefile, 2010, Calhoun County, MI, 2010 Census Census Tract County-based vector digital data.

Appendix L. Calhoun County Population Age 60 and Older Map

Calhoun County, Michigan, 2010 Census Population Age 60 and Older



Source: Author calculation from U.S. Census Bureau, 2010 Decennial Census, Summary File 1, Table QT-P1 and TIGER/Line Shapefile, 2010, Calhoun County, MI, 2010 Census Census Tract County-based vector digital data.